



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

Issued by the Chief Inspector

Name of designated centre:	Lifford Accommodation
Name of provider:	The Rehab Group
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	08 May 2023
Centre ID:	OSV-0002678
Fieldwork ID:	MON-0038937

About the designated centre

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

Lifford Accommodation provides full-time residential care and support for up to eight adults (male and female) with a disability. The designated centre comprises of two interconnected semi-detached houses. Residents in each house have their own bedrooms and also have access to shared bathroom facilities on both the ground and first floors. In addition, the house includes a communal sitting room, kitchen dining room and laundry room for residents' use. The centre is located in a residential housing estate in a town and is close to local amenities such as shops, cinema and cafes. Residents are supported by a team of support workers, with daytime staffing arrangements in each house being based on residents' assessed needs. Night-time staffing arrangements included a waking night and a sleep over staff member. Management support is available to staff outside of office hours through the provider's on call system if required. Residents can access a number of amenities in the local community including an equine centre, cinema, community garden and shops.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Monday 8 May 2023	09:30hrs to 16:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This was an unannounced follow up inspection to an inspection that took place in November 2022. At that time, the inspector found non-compliance in five regulations and substantial compliance in two regulations. At this time, there were concerns in relation to the welfare of the residents and the safety of the service provided. In response to these findings, the provider submitted a compliance plan which detailed the actions that they planned to take in order to bring this centre into compliance. The purpose of this inspection was to assess the provider's capacity and capability to complete the actions required and to sustain an ongoing response in order to return to compliance. From what the inspector observed during this time, improvements were made since the last inspection but ongoing work was required. There was a new governance team in place and they were settling into their roles.

This centre comprised two interconnected semi-detached houses located on the edge of a busy town. The houses were two-story and linked by an internal door between the two kitchens. Both houses had a combined kitchen and dining room with additional seating provided in the kitchen area of one of the properties. There was a separate living room in each house. This meant that residents had a choice of areas to enjoy. Residents had their own bedrooms and those visited were observed to be comfortable and personally decorated. Outside, the residents had access to a small front and back garden.

The inspector visited both properties during the inspection. At the time of the last inspection, the inspector found areas within the house that required refurbishment. As part of the providers compliance plan commitments were made to address these issues. Recently, the provider had requested an extension to the timeframes originally provided due to delays in sourcing materials and finalising actions. Therefore, although some actions were completed others were ongoing. This will be expanded on later in this report.

At the time of the last inspection, there were changes planned which were informed by safeguarding plans in the centre at that time. A walk around of the centre found that the provider had made changes to the layout of one property by adding a new relaxation room. This was a cosy space which provided a quiet area to relax in if required. However, this was a change to the primary function of the room and an application to vary the registration conditions was not submitted in line with the requirements of the regulation. This will be expanded on below.

There were six residents living at this designated centre and the inspector met with four of them during the day. One resident invited the inspector to visit their bedroom. They spoke about the changes they made to the layout of the room and they said that they liked this. They were aware of the maintenance repairs required at the property and they told the inspector that they had written a letter with the support of their advocate. A second resident was observed completing household chores. The staff on duty told the inspector that this resident had made a choice to

remain at home and to have a sleep-in that day. They interacted briefly with the inspector but as they were busy with their tasks, this interaction was brief. Later, the inspector met with two residents on their return from their day service. One was having a cup of tea in the sitting room. They said that they were happy in their home and that it they had a worry; that they would speak with staff about it. The other resident was using a tablet device in a communal area. They smiled at the inspector and showed them what they were watching.

The inspector met with three staff members and the person in charge on the day of inspection. Staff spoken with told the inspector that they had completed training in a rights based approach to care and that this was completed online. They said that they found this supportive and that it helped them understand the importance of ensuring residents could make their own choices and decisions. During the day, the interactions between the staff on duty and the residents was observed and found to be kind, caring and respectful.

Overall, the inspector found some improvements in the quality and safety of the service provided and improvements to the premises were progressing. However, the provider is required to continue to work towards full compliance and this will be expanded on throughout this report.

The next two sections present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to the residents.

Capacity and capability

The provider had made improvements with the management systems in place and were working to ensure that the service provided was appropriate to residents' needs. However, the systems and arrangements in place with regard to the statement of purpose, the notification of incidents, the complaints process, safeguarding and protection and overall governance and management required ongoing attention.

As outlined, a change in the leadership and management arrangements in this centre took place recently. There was a new person in charge in this designated centre. They were skilled and experienced and met with the requirements of regulation 14. Their role was supported by a team leader who told the inspector that they were in post since October 2022. They told the inspector that they were working closely with the provider representation in order to improve the governance and management systems used at the centre. For example, staff governance meetings were taking place on a regular basis, they were well attended and discussions and actions were documented. In addition, there was an improvement in the monitoring systems used. These included checks on behaviour support plans,

medicines, incidents occurring and fire safety. A robust provider-led unannounced audit took place recently which identified gaps in some of the systems used. Actions were agreed in order to address the concerns arising and these actions were documented on a quality improvement plan with named persons identified to progress the action within a specified time frame. There was evidence that the quality improvement plan was reviewed regularly. In relation to recent changes in the person in charge, a review of the notifications in this regard found that the Chief Inspector was notified in line with the requirements of Regulation 32. This was an improvement since the last inspection.

The provider had a statement of purpose which was reviewed as part of this inspection. However, as previously outlined changes were made to the rooms in part of the centre. Therefore, the description of the rooms and their primary function was not correct. This required review.

Under Regulation 15, the staff roster was reviewed and was found to provide an accurate reflection of the staff that were on duty on the day of inspection. The person in charge told the inspector that the number of staff had increased since the last inspection and that this was working well. On call arrangements were available if required. On the morning of the inspection, the inspector met with a staff member providing cover. It was clear that they were familiar with their role and with the assessed needs of the residents. This meant that consistency of care and support was provided.

The provider had written agreements in relation to residents' living arrangements in the designated centre. These were reviewed as part of this inspection. The inspector found that the agreements were signed by the residents. This was an improvement since the previous inspection. However, they were not signed by all parties involved in the agreement. This was amended on the day of inspection and prior to the departure of the inspector.

The provider had arrangements in place for the management of residents' complaints. There was a complaints folder and an easy-to-read complaints policy for residents use. Complaints and compliments were found to be a standing item for discussion at residents' meetings. However, not all complaints were addressed in line with the provider's policy. This will be expanded on under the regulation below.

The provider had a defined management structure in place which, as outlined, had changed recently. A review of the governance and management systems and processes in place found improvements. The annual review of the care and support provided was up to date. A comprehensive six-monthly provider-led audit was completed in March 2023 and this identified a number of areas for improvement within the centre. However, ongoing improvements were required with the oversight arrangements in place in relation to the statement of purpose, the notification of incidents, the complaints process and safeguarding and protection of residents in order to return to compliance in governance and management.

The next section of this report will describe the care and support that people receive and if it was of good quality and ensured that people were safe.

Regulation 14: Persons in charge

The provider had appointed a person in charge, who was employed full-time, and had the qualifications, skills and experience required to manage the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had some improved management structures and systems in place in this designated centre. However, the following required review;

- To ensure that all safeguarding and protection concerns are acknowledged as such and are notified to the Chief Inspector
- To ensure all residents' complaints are addressed in line with the provider's policy
- To ensure that the provider's statement of purpose is reviewed regularly and in line with Schedule 1 of the regulation
- To ensure that applications to vary registration conditions are submitted if required.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider had a written agreement in place which was signed by all parties and outlined the fees that were required to be paid by the residents living at the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider did not ensure that the statement of purpose met with the requirements of the Schedule 1 of the regulation. For example;

- a description of the rooms in the designated centre and a floor plan was provided. However, this was not an accurate reflection of the primary

function of the rooms as a relaxation room had been added recently
Judgment: Not compliant
Regulation 31: Notification of incidents
<p>The person in charge did not ensure that monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation. The following required review;</p> <ul style="list-style-type: none"> to ensure that all monitoring notifications in relation to suspected safeguarding concerns were submitted to the Chief Inspector in line with the regulation.
Judgment: Not compliant
Regulation 32: Notification of periods when the person in charge is absent
The provider ensured that notice of any absences of the person in charge were submitted to the Chief Inspector in line with the requirements of the regulation.
Judgment: Compliant
Regulation 34: Complaints procedure
<p>The provider had arrangements in place for the management of residents' complaints. However, not all complaints were addressed in line with the provider's policy. For example;</p> <ul style="list-style-type: none"> One complaint reviewed was not resolved at stage 1 of the process and required escalation to stage 2 of the complaints procedure. There was no evidence of a stage 2 enquiry available on the day of inspection. This was not in line with the provider's policy and required review.
Judgment: Not compliant

Quality and safety

Resident's welfare was supported by a good standard of care and support provided and some improvements were noted since the last inspection. However, further improvement was required in relation to the statement of purpose, the notification of incidents, the complaints process, safeguarding and protection and overall governance and management in order to further enhance the quality and safety of the service provided.

The provider had arrangements in place to ensure that residents had an up to date assessment of their health, personal and social care needs. The outcome of this assessment informed an individual plan of care where actions were identified and followed up on. Access to multi-disciplinary support was provided in line with residents' assessed needs. For example, residents were in contact with their general practitioner (GP), had visits from an occupational therapist and were supported to attend ophthalmology appointments as required. In addition, one resident had the support of a social worker for a period of time in line with their requirements at that time.

The provider had some systems in place to protect residents from abuse. For example, the number of staff on duty had increased in line with a new admission and in line with the requirements of the service. The provider had a safeguarding and protection policy and staff had access to safeguarding training. However, the inspector found that not all safeguarding concerns were acknowledged as such and therefore actioned in line with national and local safeguarding policy.

As outlined previously, the inspector found improvements since the last inspection in relation to the premises provided. One resident had moved bedroom and was reported to be happier with this arrangement. The bedrooms visited by the inspector were observed to be homely and personally decorated. In addition, there was fresh paint on the walls of the properties and a new suite of furniture, and table and chairs in one of the properties. As outlined, the provider had an improved refurbishment and quality improvement plan for the centre and had committed to a number of actions in their compliance plan provided. Recently, the provider representative had requested additional time in order to complete the actions committed to. This was due to delays in sourcing materials and contractors. However, on the morning of inspection, the inspector observed a number of visitors to the centre. These included a maintenance person and team of kitchen and bathroom contractors. This meant that progress was ongoing and that the refurbishment plan was progressing as agreed.

Overall, the inspector found that the provider continued to take positive steps to meet with the assessed needs of the residents and to return to compliance with the regulations. However, significant and ongoing work was required in relation to the statement of purpose, the notification of incidents, the complaints process, safeguarding and protection and overall governance and management in order to

further enhance the quality of the service provided.

Regulation 17: Premises

The provider identified areas within the centre that required refurbishment, had recorded these requirements and had a refurbishment plan in place. Where actions were completed these were closed. Other actions were ongoing with evidence of progress observed on the day of inspection

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had a comprehensive assessment of their health, personal and social care needs which was up to date.

Judgment: Compliant

Regulation 6: Health care

The provider ensured that residents had access to appropriate healthcare, to include members of the multi-disciplinary team, which was in line with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider did not ensure that residents were protected from abuse. The following areas required improvement;

- A review of four suspected safeguarding incidents found that on all occasions the incident was not acknowledged as a safeguarding concern in the first instance and not always recorded on the provider's incident management system in line with the provider's policy.
- To ensure that the designated officer is informed of all suspected safeguarding concerns.
- To ensure that preliminary screening is completed promptly
- To ensure that where safeguarding and protection plans are in place, that

they are reviewed in line with the recommendations of the plan

Judgment: Not 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 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Lifford Accommodation OSV-0002678

Inspection ID: MON-0038937

Date of inspection: 08/05/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The requirement to recognize all safeguarding and protection concerns was discussed at the team meeting on 25/05/23 and documented in the team meeting minutes for all staff to read and sign. • The requirement to recognize and report all complaints was discussed at the team meeting on 25/05/23 and documented in the team meeting minutes for all staff to read and sign. • PIC will ensure weekly and monthly audits are effective at identifying reportable events in a timely manner. The effectiveness of these systems will continue to be monitored through the Provider’s Six Monthly Audits. • The Provider has recently added a review of the SOP to the Annual Review process for its designated centres. This will ensure the SOP is reviewed by both the PIC and one of the PPIMs annually at a minimum. • The PIC and staff team have reviewed the HIQA guidance on applications to vary at the team meeting on 25/05/23 and documented in the team meeting minutes for all staff to read and sign. The PIC will ensure going forward that any changes that require application to vary are done so in accordance with the regulations. 	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The application to vary has been submitted to HIQA on the 07/06/2023, outlining 	

changes made to the functions of rooms within the service. The statement of purpose was updated on the date of inspection to reflect these changes.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- Incidents requiring notification were identified during the providers unannounced six monthly inspections, these notifications were retrospectively submitted to both HIQA and the safeguarding team. This was completed by 31.03.23.
- PIC submitted an NF06 and PSF in relation to a service user's complaint following inspection. This was completed by 16.05.23
- Going forward PIC and TL will ensure all notifications are submitted in line with regulation time lines.

Regulation 34: Complaints procedure	Not Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- NF06 and PSF were submitted in relation to a complaint identified on the day of inspection. PIC and TL discussed this complaint with the service user on the 8th of May, the service user stated that she was happy with the resolution of this complaint. Records of investigation into this complaint are now held locally.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- Required refurbishment will be carried out e.g. kitchens in both house 12 and 14 will be replaced, this includes new kitchen counters, tiles and presses. Upstairs and downstairs bathrooms in both houses to be replaced, this will include new showers, baths, and wall and floor tiles. This will be completed by 31/09/2023.

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none">• Safeguarding issues identified through the provider audit have been retrospectively notified to HIQA and the safeguarding team.• Complaint identified on the day of inspection has been retrospectively notified to the safeguarding team and an NF06 completed. The complaint was addressed with the service user, this conversation has been documented and recorded locally.• Going forward safeguarding plans will be regularly reviewed to ensure that they are reviewed in line with the recommendations of the plan.• Safeguarding and notification requirements were discussed at the team meeting on the 25.05.23 to ensure all safeguarding issues are identified and appropriately addressed immediately and documented in the team meeting minutes for all staff to read and sign.	

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 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	30/09/2023
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	30/06/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	30/06/2023

Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	16/05/2023
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	16/05/2023
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Not Compliant	Orange	16/05/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	25/05/2023