

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

## Issued by the Chief Inspector

Name of designated centre:	Boulia Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	19 January 2022
Centre ID:	OSV-0005748
Fieldwork ID:	MON-0032704

## About the designated centre

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

Boulia Accommodation Service is a large detached bungalow located in a rural area but within a short driving distance to various towns. The centre can provide residential support on a full-time basis for up to four male residents between the ages of 18 and 85. The centre provides for residents with intellectual disabilities, autism, mental health needs and epilepsy. Facilities in the centre include bathrooms, a sitting room, a kitchen, a dining area, a utility room, a conservatory and a staff office/sleepover room while each resident has their own bedroom. 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 (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
Wednesday 19 January 2022	10:30hrs to 19:30hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

During this inspection staff members on duty were generally seen to interact with residents in a positive, warm and respectful manner. Residents were consulted and supported to access advocacy services. The house provided for residents to live in was very homelike.

On arrival at the designated centre, the inspector was greeted by some staff members with one performing some COVID-19 related checks just inside the front door. While in this area the inspector observed a notice board on display with information on human rights, complaints, safeguarding and management of the centre although it was noted that some people referred to in this information were no longer involved in this centre following a recent change in the local management of the centre. After completing the COVID-19 checks one of the four residents living in the centre greeted the inspector.

At this time residents were relaxing, having breakfast or being supported with personal care. One of the residents who was having breakfast greeted the inspector, told him where they were from and said that they liked living in the centre. As the inspector was carrying an inspection notebook at the time, the resident asked the inspector what it was for. The inspector told the resident that it was used to write down what he saw and read while doing his inspection. The resident said they thought this was a good idea.

Other residents were using communal areas of the centre to relax. One of these was sat in the conservatory area of the centre and appeared calm. During the course of this inspection, this resident waved at the inspector on a few occasions but otherwise did not engage with the inspector. Another resident was sat in the living room of the centre watching and listening to some Irish music on a television. The resident appeared very calm and relaxed at this time.

The four residents spent the initial period of this inspection in the centre and staff present were generally seen to interact with residents in a positive and respectful manner. For example, as residents were preparing to go on an outing to a shop in a nearby town, a staff member was overheard explaining to a resident that they had their own key to their bedroom door which they could lock if they wanted to while one of the persons in charge was seen helping a resident count their money.

All four of the residents were offered the opportunity to go on this outing but prior to leaving one resident became very vocal and after this it was indicated that the resident had decided not to go. The other residents left with staff soon after and the inspector was requested to speak with the remaining resident who was anxious about the inspector's presence. The inspector explained to this resident why he was there and during this conversation the resident indicated the resident emphasised that they liked the house where they lived and wanted to stay there for life. They also mentioned that that they were not going for drive today but would go the next

day.

After this conversation, the resident seemed calmer and was overheard engaging with staff in a pleasant and warm manner throughout the remainder of the inspection. This resident spent much of their time during the inspection in the living room watching and listening to Irish music which they appeared to enjoy. This living room was seen to be well maintained and well-furnished as were the other rooms in the house. Some residents' bedrooms were also seen which were noted to be spacious and offered plenty of storage. Overall, the designated centre was presented in a very homely manner.

While most of the residents were away from the centre on their outing, the inspector focused on documentation relating to the centre and individual residents. Amongst these were notes of residents' meetings which were generally taking place on a weekly basis. Such notes indicated that matters such as COVID-19, fire safety, food and activities were discussed with residents. During the inspection, records were also seen which indicated that, where required, residents were given information about and support to access advocacy services.

Feedback from residents on the centre was gathered by the provider through questionnaires completed with each resident. A summary of these questionnaires was contained within the most recent annual review carried out for the centre which indicated that broadly positive views were given by residents although it was indicated that one resident did not like living in the centre as they wanted to live closer to a nearby town. The annual review also contained feedback from a family member of one resident which was very positive and praised the things the resident did in the centre which they have never done before.

Towards the end of the inspection, the residents who had gone on an outing with staff returned. One of these residents indicated to the inspector that they had bought some ice cream and had gone to a hotel. Another resident said that they had enjoyed their day out. Staff were preparing a meal at this time and it was seen that residents were encouraged to be part of this. For example, one resident was overheard being asked to set the table. Residents then had their meals as the inspection was concluding with a calm atmosphere observed. As the inspector was giving feedback to management of the centre in the conservatory just prior to leaving, it was noted that one resident entered the conservatory on two occasions to engage in some jovial exchanges with management.

In summary, general positive feedback on the centre was provided by residents met during this inspection and in the annual review completed for the centre. Positive, warm and respectful interactions were seen between residents and staff members in a house that was well-furnished and well-maintained.

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 residents were found to be well supported by the monitoring systems in operation although some aspects of staffing required review while the designated centre's statement of purpose needed updating.

This designated centre had last been inspected by HIQA in February 2020 when three residents were living in this centre. That inspection found an overall good level of compliance. However, following that inspection there was an increase in notifications of a safeguarding nature submitted to HIQA regarding this centre. As a result of these HIQA issued a provider assurance report to the provider in October 2020. Following this a resident moved away from this designated centre and the amount of safeguarding notifications decreased overall in 2021. Also during 2021 two new residents had moved into this centre. Given the length of time since the February 2020 inspection, the current inspection was carried out to assess the supports provided to all four residents now living in the centre.

The month before this inspection, HIQA were notified of a change in local management of this centre with two people appointed to the role of person in charge. As such there was dual responsibility for the person in charge position with the same two people also holding a similar role for another centre operated by the same provider. Both of the persons in charge were present during this inspection with one of them informing the inspector that they were still in the process of receiving a handover from the previous person in charge. While this was ongoing it was noted that changes in the person in charge role were not reflected in the statement of purpose in place for the centre which had last been reviewed in May 2021.

Under the regulations, the statement of purpose should include specific information about the operations of a designated centre including details of the staffing arrangements in place to support residents. Given the increase in residents living in the centre during 2021, it was noted that the staffing arrangements as outlined in the statement of purpose also required updating. In addition, during the inspection specific staffing levels were outlined to the inspector which were to be in place to support residents. For speaking with staff members present and reviewing rosters, it was noted that such staffing levels were generally in place but not always. It was also noted that staff consistency was a challenge for the centre although it was acknowledged that the ongoing COVID-19 pandemic was a contributory factor to this.

Staffing matters were reviewed by the provider's monitoring systems in operation which included frequent audits, six monthly reviews of the service provided to residents and annual reviews. Such monitoring systems contributed to an overall good level of compliance found on this inspection while there was also indications that the four residents living in the centre were being well supported. It was noted though that while the annual review included a lot of relevant information relating to

the service provided for residents and made provision for consultation with residents and their families, it did not assess if the service provided were in keeping with relevant national standards.

### Regulation 15: Staffing

Appropriate staffing levels were generally provided to support residents but not on all days. Planned and actual staff rosters were maintained in the centre but it was noted that the actual rosters did not always contain the full name of some staff while the previous person in charge was still included in recent rosters.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Overall this inspection found that residents were well supported and monitoring systems were in operation. The most recent annual review carried out did not assess if the service provided was in accordance with national standards.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose required updating to reflect recent governance changes and to ensure that the staffing arrangements in place were correctly outlined.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Information on complaints was on display in the centre. Records of any complaints were maintained which outlined the nature of such complaints and the actions taken in response.

Judgment: Compliant



## Quality and safety

Overall arrangements were in place to meet the needs of residents although it was indicated that there could still be tension between some residents. Aspects of the infection and prevention control measures required review and improvement.

Under regulations, any resident must have an assessment of need carried out before they move into a designated centre. The purpose of this is to determine if a particular centre is appropriate for the resident to live in. For the two new residents who had moved into this centre during 2021, it was found that pre-admission assessments of need had been carried out and overall the inspector was satisfied that suitable arrangements were in place to meet their needs at the time of this inspection. It was also seen that before the most recent resident had moved into this centre, a compatibility assessment had been conducted to determine how the resident would interact with existing residents. and in turn how they might interact with the resident.

Such a compatibility assessment was important given previous safeguarding concerns which were raised regarding this centre and, as highlighted earlier, the number of safeguarding notifications for this centre had decreased overall in 2021 compared to 2020. This was a very positive development. However, it was highlighted to the inspector that there still could be some tension between some of the residents. While the inspector was informed about how such matters were to be responded to, it was noted that since the number of residents living in the centre had increased to four, safeguarding notifications from the centre had begun to increase.

To help safeguard residents it was seen that staff had undergone relevant safeguarding training while overarching safeguarding plans were in place outlining the ways in which the safety of residents was to be protected. In addition, any safeguarding incidents were notified to the appropriate statutory bodies including HIQA. It was noted though that in the original incident report for one safeguarding incident, reference was made to a resident being scared. This had not mentioned in the notifications to the relevant statutory bodies. Records relating to this safeguarding incident indicated that a relevant safeguarding plan was to be reviewed the month after this incident but this had not taken place at the time of this inspection.

Efforts were also made to ensure the safety of residents through the fire safety systems that were in place. These included fire doors which are important to prevent the spread of fire and smoke but during the inspection it was seen that a glass panel was missing from one such door which reduced its effectiveness. Other fire safety systems such as the fire alarm and emergency lighting were being serviced at regular intervals to ensure that they were operating correctly. The procedures for evacuating the centre were seen to be on display while fire drills were carried out regularly. It was noted though the outcome of a fire drill from August 2021, where issues had been encountered in evacuating one resident, was

not reflecting in that resident's personal emergency evacuation plan (PEEP).

Measures were also in operation to protect residents from matters related to COVID-19. For example, there were ample supplies of face masks and sanitising hand gel present in the centre. A specific COVID-19 local response plan and isolation plan were provided for while infection and prevention control measures had been recently reviewed. However, aspects of such measures required review and improvement. When reviewing the centre's isolation plan it outlined how in the event that residents required isolation they were to be transitioned to another designated centre operated by the same provider. Before this inspection, one resident had required isolation however an alternative isolation procedure was followed. This procedure was not included in the isolation plan although it was acknowledged that this isolation procedure had been effective.

While the designated centre was seen to be clean overall, it was noted that layout of the utility room, where a hand washing station was seen to be obstructed by laundry baskets, required review. Gaps were also seen in sign in/sign out logs for the centre while other records reviewed indicated that staff were not always checking their temperatures twice in line with relevant guidance. While records provided indicated that staff had undergone relevant infection prevention and control training and most staff present were generally seen to wear face masks correctly, at multiple points during the inspection day a staff member was seen to be incorrectly wearing a particular type of face mask which did not appear to have been fitted properly.

### Regulation 17: Premises

The premises provided was seen to be clean, homely, well-maintained and well-furnished.

Judgment: Compliant

### Regulation 20: Information for residents

A residents guide was in place which had been reviewed in January 2022.

Judgment: Compliant

### Regulation 27: Protection against infection

The isolation plan for the centre required review. The layout of the utility room

required review. Gaps were also seen in sign in/sign out logs for the centre while other records reviewed indicated that staff were not always checking their temperatures twice in line with relevant guidance. A staff member was seen to incorrectly wear a face mask at multiple points during the inspection.

Judgment: Not compliant

### Regulation 28: Fire precautions

A fire door was missing a glass panel which reduced its effectiveness. The outcome of a fire drill from August 2021, where issues had been encountered in evacuating one resident, was not reflecting in that resident's PEEP.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Pre-admission assessments of needs were carried out for new residents. All residents had personal plans in place which outlined how their needs were to be met. Easy-to-read versions of residents' personal plans were also available. Overall suitable arrangements were provided to meet residents' needs.

Judgment: Compliant

### Regulation 8: Protection

A relevant safeguarding plan had not been reviewed in a timely manner.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents were seen to be treated respectfully and supported to access advocacy services. Information was given to residents during regular residents' meetings.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Boulia Accommodation Service OSV-0005748

Inspection ID: MON-0032704

Date of inspection: 19/01/2022

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• Interviews for four positions were held on 11/02/2022. Three candidates have been offered positions, remaining post to be re-advertised. On successful fulling of positions staffing levels on the floor will return to three day staff. To be completed by 31/03/2022.</li> <li>• Roster has been now been updated to reflect the full name of all staff. This was completed on 20/01/2022.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Since the last annual review was completed in this service, the provider has redesigned its annual review template to ensure it captures both regulation and standards applicable to residential services. This revised process will be used in this service when the next annual review is due completion by August 2022.</li> </ul>	
Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- Statement of purpose updated to reflect recent governance changes and current staffing arrangement. This was completed on 27/01/2022.

Regulation 27: Protection against infection

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- The isolation plan for the centre has been reviewed to include guidelines for the isolation of residents at home in the event of a covid outbreak where the designated isolation unit is not usable. – Completed 02/02/2022.
- The layout of the utility room was reviewed with the reorganisation of storage products. All boxes removed and utility area de-cluttered. Discussed during staff team meeting on 25/01/2022 – Completed 26/01/2022.
- Staff sign in/ sign out and temperature checking gaps were discussed in the team meeting on 25/01/2022. Guidance provided to the staff team on the requirement of signing in and out along with the requirement to check their temperature at the start and end of each shift. Weekly monitoring of both the sign in and temperate check documents added to weekly team leader checks. – Completed 28/01/2022
- All staff to refresh PPE training on HSE land, this will be completed by 28/02/2022.
- Donning and Doffing of PPE was discussed at team meeting 25/01/2022.
- HSE donning and doffing video to be played during team meeting schduled for 25/02/2022.
- Supervision held with staff member in relation to correct wearing of PPE – completed 02/02/2022.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Missing glass panel from kitchen fire door was replaced on 08/02/2022.
- Auto close handle on fire door was tightned to assist with the full closure of the utility fire door. A stronger lever has been ordered. It is anticipated that this will be installed by 28/02/2022.
- Residents PEEP updated with new night time guidance following the outcome of a fire drill from August 2021. This was completed on 08/02/2022.



Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Safeguarding plan updated to reflect most recent notifications. This was completed on 11/02/2022.	

## 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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2022
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	20/01/2022
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	Substantially Compliant	Yellow	31/08/2022

	designated centre and that such care and support is in accordance with standards.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	28/02/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	08/02/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set	Substantially Compliant	Yellow	27/01/2022

	out in Schedule 1.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	11/02/2022