



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

Issued by the Chief Inspector

Name of designated centre:	Ennis Adult Residential
Name of provider:	The Rehab Group
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	14 March 2023
Centre ID:	OSV-0002644
Fieldwork ID:	MON-0036833

About the designated centre

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

In this designated centre, a residential service for four adults with a diagnosis of an intellectual disability and-or autism is provided. The centre comprises of one house located in a residential neighbourhood of a large town. Transport for residents to access their local community and their day service is provided. Three residents live in the main house and each resident has their own bedroom. Residents share the communal space and two residents share the main bathroom. One bedroom has a full ensuite facility. The house has an annexed apartment where a semi-independent living arrangement is facilitated for one of the four residents. The apartment provides all of the facilities needed by the resident. Three residents attend off-site day services Monday to Friday and an integrated type service is provided for the fourth resident. The model of care is social and, given the assessed needs of the residents a minimum of two staff are on duty at all times. A waking staff member and, a sleepover staff member are on duty at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 14 March 2023	10:00hrs to 16:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority (HIQA) to monitor the provider's level of compliance with the regulations and standards. The inspector found that this was a well-managed service where the provider effectively monitored the appropriateness, quality and safety of the support and care provided to each resident. The provider generally met the requirements of the regulations but some action was required for some areas to be fully compliant. For example, the provider needed to revisit a complaint that had been resolved and, there was scope to strengthen the procedures for the management of residents' personal monies.

This inspection was unannounced. On arrival at the centre there was one resident present and one staff member on duty. One resident was at home with family and the remaining two residents were at their off-site day service. The staff member on duty was attending to cleaning duties. The staff member directed the inspector to the sanitising and symptom check station on the ground floor. All areas of the house were found to be visibly clean. The inspector saw that the provider had completed the refurbishment works identified at the time of the last HIQA inspection. For example, flooring that was easy to clean and maintain had been fitted. The residents' bedrooms presented very well and each bedroom was personalised to reflect particular preferences and tastes.

While the inspector awaited the arrival of a member of the management team the staff members on duty competently described the day-to-day routines of the house and the support and care provided to each resident. For example, staff described the arrangements in place for reducing the impact on residents of restrictive practices. Staff members were clear on the working of the new management structure.

The residents returned to the house at lunchtime so the inspector had the opportunity to meet with three residents, to observe the support provided and, staff and resident interactions. The assessed needs of residents include communication differences and two residents did not demonstrate any great interest in interacting with the inspector. Residents just smiled but continued with what they wished to do such as relaxing on the couch or watching programmes on the television or their personal tablets.

One resident responded positively when asked by staff if they would like to meet with the inspector. The resident conversed easily with the inspector enquiring as to where the inspector was from and as to whether the inspector had pets at home. The resident was looking forward to their next planned visit to home. There was discussion of family and upcoming events such as birthdays and Mothers' Day.

Residents were supported to have snacks of their choosing and to access the local community supported by staff before returning in the evening to have their main

meal. A staff member prepared an appealing curry and confirmed that staff cooked each day perhaps with the exception of weekends when residents might eat out or avail of a take-away.

Staff and management spoken with were clearly able to describe how they planned, delivered and monitored the care, support and services that were provided to each resident. This included ongoing consultation with families who were invited to attend clinical reviews and personal planning meetings and, to provide feedback on the service both in relation to what was good and what needed to be done better. The inspector noted that the provider was open and responsive to this feedback. Residents had ongoing access at times weekly, to home and family and could also freely receive visitors.

Overall, the provider had the arrangements needed to meet the needs and choices of each resident and the provider consistently and effectively monitored the quality and safety of the service. However, as stated at the outset of this report the provider was requested to revisit aspects of a complaint as learning from that complaint was not evidenced during this inspection. The provider was also still progressing some fire safety upgrading works.

The next two sections of this report will describe the governance and management systems in place and how these ensured and assured the quality and safety of the support and services provided to residents.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced. The provider demonstrated a good level of compliance with the regulations. The provider consistently and effectively collected data and used that data to monitor and assure the support and services provided.

As stated in the opening section of this report there were changes occurring in the management structure at the time of this inspection. There was a change in both the role of person in charge and the role of team leader. Based on these inspection findings the inspector was assured that these changes were being managed to ensure continuity of management and oversight. For example, the incoming person in charge had good knowledge of residents' needs and the general operation of the service. They confirmed that they had received a comprehensive period of induction and had ongoing access and support from the outgoing person in charge.

It was evident from discussion and records reviewed that there were formal and informal quality assurance systems that were used consistently to monitor and improve as needed the care and support provided to each resident. For example, the annual review for 2022 had been completed; the auditor had actively sought

feedback from residents' representatives.

The staffing levels on the day of inspection were as described and good oversight was maintained of staff attendance at mandatory, required and desired training.

Regulation 15: Staffing

The staff duty rota was well maintained and reflected the staffing levels and arrangements described to and observed by the inspector. These staffing levels and arrangements were suited to the routines, needs and abilities of the residents. For example, there was a minimum of three staff members on duty in the evening when residents returned to the house from their off-site day services. While there was some natural turnover as staff members pursued career opportunities the staff duty rota indicated consistency of both regular and relief staff. Some staff members had supported the residents for a number of years.

Judgment: Compliant

Regulation 16: Training and staff development

A record was maintained of the training completed by each member of staff. Based on the representative sample of records reviewed by the inspector staff training in areas such as safeguarding, fire safety, medicines management and, infection prevention and control was all up-to-date. Attendance at refresher training was monitored and training that was imminent was booked. There was a formal system of supervision in place for all grades of staff. There were procedures for the induction and appraisal of newly recruited staff. Staff meetings where the general operation of the service and the needs of each resident were discussed were regular.

Judgment: Compliant

Regulation 21: Records

Any of the records requested by the inspector to inform and validate these inspection findings were in place and available to the inspector. For example, records of accidents and incidents that had occurred, of fire safety checks and maintenance and, of any complaints received. The records were well-maintained.

Judgment: Compliant

Regulation 23: Governance and management

This was a well-managed and overseen service. While changes to the management structure were in progress (as notified to HIQA), there was clarity on individual roles, responsibilities and reporting relationships. It was evident that a comprehensive handover had been provided so that there was continuity of management and oversight. For example, the outgoing and the incoming persons in charge facilitated this inspection and the inspector noted the exchange of information and explanation that took place between them in response to queries and questions posed by the inspector. The provider had quality assurance systems that were effectively and consistently used to monitor the quality and safety of the service. For example, the team leader completed weekly monitoring of systems such as the care and support records completed by staff members. Audits such as of the management of medicines and the six-monthly service reviews required by the regulations were all completed with effect. There was evidence of responsive actions taken such as feedback to staff members individually and collectively.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a written agreement for the provision of services. The agreement set out the facilities, services, support and care to be provided, any fees to be charged and, what was included in those fees and what was not.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had accessible and responsive complaints procedures. A record was maintained of any concerns raised, the actions taken in response and whether complainants were satisfied with the providers response to their concerns. The inspector was assured by these records that the provider was open to receiving and resolving complaints. The provider had concluded that concerns raised in late 2022 about an aspect of the service provided were resolved. However, observations made on the day of this inspection echoed some of the concerns that had been raised as recorded in a complaints log. This indicated that the corrective actions taken by the provider had not resulted in learning or improvement.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider maintained in the centre, all of the policies and procedures required by Schedule 5 of the regulations. For example, policies and procedures on safeguarding, admissions, transfers and discharges and, risk management and emergency planning. The provider monitored the review date of each policy to ensure that they were reviewed at a minimum every three years. Five policies including the medication management policy were under review.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider had the arrangements in place to meet the needs of each resident. The effective management and oversight described in the last section of this report ensured and assured the evidence base and, the quality and safety of the support and services provided. There was evidence of good and safe support in each area reviewed but there was scope to improve the management of residents' personal monies. While there was a plan for their completion, fire safety upgrading works were not yet complete.

Management and staff spoke of the benefit to residents of having access to and regular input from the multi-disciplinary team (MDT). The inspector saw the significant progress made with and for one resident who was now regularly accessing the community and completing daily living tasks independently. Leaving the house and accessing the community had been very challenging for the resident particularly during and after the COVID-19 pandemic.

Management, staff and families worked together when any concerns arose about resident general wellbeing. Staff maintained records of each referral and review including the review of any prescribed medicines.

The inspector requested and reviewed a purposeful sample of records relating to incidents that had occurred in the centre. The records and discussions with management demonstrated that each incident was appropriately managed by staff, reviewed and responded to by management to ensure residents were safe and protected.

Residents were provided with a comfortable and well-maintained home. Each resident had adequate space to spend time alone. One resident had their own annexed self-contained apartment. While there were environmental restrictions in

place there was no evident impact of these on residents' routines, choices and overall quality of life.

The day-to-day management and oversight of fire safety was good. For example, the storage of items under the stairs had not re-occurred and a staff member was able to describe how staff could access the annexed apartment from the outside if necessary. However, the fire safety upgrading works in relation to fire containment measures while progressing were not complete.

Regulation 11: Visits

All four residents had ongoing access to home and to family at times on a weekly basis. Residents were also free to receive visitors in the house as and when they wished.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector saw that each resident had adequate space for their personal possessions and items such as their personal clothing were neatly presented and stored. Three of the four residents were supported in the management of their personal monies and there were procedures in place to ensure these monies were safeguarded. For example, the inspector reviewed records created daily and weekly by staff and management where expenditures, monies lodged and balances were reconciled with receipts. Management confirmed that each resident had the monies they needed for their comfort and enjoyment. However, ultimately three residents did not have full and complete access and control over their personal monies. This in turn provided some challenges to the internal procedures for managing these monies.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Access to the MDT as needed and good monitoring and oversight ensured each resident was provided with appropriate care and support that was evidence based. Residents had good access to home, family and friends and were visible in their local community. Three of the four residents attended off-site day services that were also operated by the provider. While the day and residential services did work together the person in charge confirmed that programmes of activity, goals and

objectives for residents differed between both services. Potentially this was an area that could benefit from greater collaboration between services. Ultimately, this would ensure both variety and consistency for residents but also more structured oversight of how residents general welfare and development needs were met and maximised. The residential service was working towards a more personalised approach to evening and weekend routines.

Judgment: Compliant

Regulation 17: Premises

This inspection was unannounced. The house presented well. The house was visibly clean and tidy but homely. Each resident's bedroom reflected the resident's personal tastes and interests. The inspector saw that the provider had completed the refurbishment works identified as needed at the time of the last HIQA inspection. For example, a badly corroded tap had been replaced and new flooring was fitted on the ground floor. Given the younger age profile and the assessed needs of the residents there were no reported or observed accessibility issues or challenges.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, management and ongoing review of risk. Risk management was incorporated into systems of oversight such as the annual review and the six-monthly reviews required by the regulations. In addition, the inspector found that incidents that did occur were robustly responded to by the person in charge and feedback was provided individually and collectively to the staff team. Arrangements in the service were altered as needed in response to the learning from incidents. For example, there was a designated staff member each day with responsibility for the management of medicines. There were centralised arrangements in place to ensure that all vehicles used to transport residents were regularly serviced, safe and insured. The staff team also completed weekly safety checks of the vehicles.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety management systems included the provision of emergency lighting, a fire

detection and alarm system and, fire fighting equipment. There were records in place confirming that these systems were inspected and serviced at the appropriate intervals. Staff and residents participated in regular evacuation drills that were simulated to replicate certain scenarios such as minimum staffing levels. There were no recorded or reported obstacles to evacuating all of the residents. However, while doors designed to contain fire and its products were provided, additional fire containment works and remedial works to the existing doors were needed. The provider has been providing HIQA with monthly updates on the progression of the plans to complete these works but they were not yet complete. Some works were imminent, some were not.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were procedures in place to ensure residents were protected by safe medicines management systems. Staff members administered the medicines following an assessment of each resident's capacity to safely manage their own medicines. Staff members had completed medicines management training. The pharmacist who supplied the medicines generated the prescription and the medication administration record that was used in the service. The sample of administration records seen as completed by staff members, corresponded with the instructions of the prescription. Medicines were securely stored, supplied and labelled for individual resident use. The effectiveness of the medicines prescribed was reviewed as needed by the relevant prescriber.

Judgment: Compliant

Regulation 6: Health care

Residents generally enjoyed good health. However, staff monitored resident wellbeing and were attuned to any changes that may suggest illness such as any loss of appetite or an increase in anxiety and behaviour that challenged. A staff member described how residents had presented, had been supported while ill and recovered from COVID-19. Records were maintained of all referrals and reviews and family were invited to attend these reviews. The person in charge ensured that residents had access to the services and health professionals that they needed such as their general practitioner (GP), pharmacist, psychiatrist, speech and language and occupational therapy. The staff team used tools such as social stories to help residents understand clinical appointments and interventions. If a resident was upset by a pending procedure such as blood sampling, it was deferred and rescheduled by the GP.

Judgment: Compliant

Regulation 7: Positive behavioural support

With regular input from the behaviour support team residents were supported to manage their anxieties and any behaviours that may manifest. A staff member spoken with described how the correct support minimised the occurrence of behaviours and confirmed there was no requirement for physical interventions. Staff had however completed this training.

There were environmental restrictions in use in response to identified risks and systems were in place for reviewing and monitoring their use. Measures were in place to reduce the impact of these restrictions on residents. For example, while it was necessary to restrict resident access to some food items, residents had access at all times to a range of suitable foods and snacks. One resident had finger print access to their bedroom which meant their private space was safe and secure but accessible to them at all times.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Ennis Adult Residential OSV-0002644

Inspection ID: MON-0036833

Date of inspection: 14/03/2023

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • Review of how complaints regarding both day service and residential are actioned was completed on 15/03/23. • The day service manager has confirmed that the complaint identified during this inspection was discussed with family and addressed within the Day Service at the time the complaint was received. • Further staff training booked. This will be completed by 26/04/2023. • Going forward the Day Service Manager and PIC will review all Complaints where there is reference to both services together. This will include the follow up from the other service in each complaint where necessary. • Day Service Manager and PIC to meet quarterly to further improve governance. Complaints to be added to agenda of these meetings. 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • PIC and Team met with representatives to discuss the financial arrangements for each Service User and to increase their autonomy over their finances. This was completed on 03/04/2023. 	

- A money management plan is to be developed and implemented to ensure residents have full access to their finances. This will be completed by 31/07/2023.
- Local financial management plan has been introduced to further safeguard service users finances. This was completed on 20/03/2023. This will reviewed once bank accounts can be created.
- When a Resident is being supported to purchase items the money management plan will ensure that the Team Leader and PIC will have oversight.

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

- PIC to follow up with the housing association re: works on fire doors. It is anticipated this work will be completed by September 2023.
- Architect to be consulted relating to other options to ensure apartment meets standards for fire safety. Alternative solutions to be attached to and submitted with this Compliance Plan. This work to be completed July 2023 based on solutions attached being accepted.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/09/2023
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	26/04/2023