



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

Issued by the Chief Inspector

Name of designated centre:	Tralee Accommodation Service
Name of provider:	RehabCare
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	18 October 2021
Centre ID:	OSV-0002647
Fieldwork ID:	MON-0026881

About the designated centre

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

Tralee Accommodation Service is a detached two storey house located in a housing estate in a town. It provides a full-time residential service for up to four residents of both genders, over the age of 18 with intellectual disabilities, autism, mental health needs and other needs. Each resident in the centre has their own bedroom and other rooms provided include a living room, a sun room, a kitchen/dining room and a utility room. 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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 18 October 2021	10:05 am to 5:00 pm	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents in this designated centre were being supported to enjoy a good quality of life in a very homelike environment. Supports was also being given to residents to increase their independence and to develop to their full potential.

Four residents were living in this designated centre. While these residents all left the designated centre at various stages during the inspection, the inspector did get an opportunity to meet all four residents and have a discussion with two of them. This allowed the inspector an opportunity to get some residents' views on what it was like to live in this centre while some interactions between residents and staff were also observed.

The first resident met was preparing to leave the designated centre to attend a day services operated by the same provider shortly after the inspection started. This resident greeted the inspector and also appeared happy. When this resident did leave, they were gone for much of the inspection day. Upon their return they greeted the inspector again and once again appeared happy. While this resident did not engage much with the inspector beyond this, it was observed that when the resident was present in the designated centre, staff members on duty communicated with the resident in a way that was consistent with their needs.

Another resident met by the inspector was not initially present in the centre when the inspector arrived but returned back shortly after. The inspector had an opportunity to speak with this resident who told the inspector that they liked living in the designated centre and liked the staff while describing the centre as "a safe house". The resident talked about a course in retail that they were currently undertaking which they said they enjoyed and hoped to gain some employment from this course. Other education which they completed before their current retail course were also talked about by the resident who mentioned that residents had participated in monthly projects while living in this house.

The resident told the inspector that such projects covered topics like fire safety and the Gardaí. As part of these projects residents created posters about the topics which were noted to be on display in the designated centre. The resident pointed out to the inspector the poster that they had created and talked about how it focused on how to stay safe in different scenarios when out on the community. Future projects on different topics were planned in the months ahead which the resident said would cover areas such as advocacy. This resident appeared comfortable with staff members present who later on were overheard engaging with the resident in a pleasant manner while listening to some Irish music.

A third resident present was seen to leave the centre with a staff member to go and meet a family member for a meal. Before this the resident greeted the inspector on multiple occasions and was seen to appear very happy while the inspector was present. It was observed that this resident was well presented and well dressed,

particularly as they were leaving the designated centre. The resident also attended a day services regularly and documents reviewed about the resident made reference to them doing some volunteer work in a charity shop. Earlier in the day the resident was seen being involved in the preparation of some of their own food while seeming comfortable and relaxed with a staff member supporting them.

The staff members working in this designated centre were given huge praise by the fourth resident met by the inspector. This resident had been away at a day services for most of the day and returned by bus towards the end of the inspection. When speaking they described the staff as "brilliant" and said that they were really good to talk to or to provide help when needed. During the discussion with this resident it was noted they were aware of who was involved in the management of the centre at a local level and also knew the identity of the designated officer (person responsible for reviewing any safeguarding concerns).

As with a previous resident spoken with, this fourth resident also described this designated centre as safe and said they got along with the other residents living in the centre. This resident attended a day services most weekdays which they said they liked and also told the inspector that, through this day services, they were chairperson of an advocacy group. Aside from times when they would attend their day services, the resident mentioned that there were certain days when they would go and visit some of their family members.

It was noted that one family member of a resident had provided positive feedback about the designated centre in the most recent annual review report carried out for the centre by the provider. This report also contained some residents' feedback which was also noted to be positive. As this was an announced inspection, HIQA had sent out these questionnaires for residents to complete in advance. All four residents had completed these questionnaires, some with staff support, which were read by the inspector. As with other feedback received and read during the inspection, it was noted that they contained very positive responses on all areas including rights, staffing, food, activities and the house where residents lived.

This house which made up this designated centre was seen to be well decorated, well-furnished, clean and homelike on the day of inspection. Sufficient communal areas were available for residents to avail of with couches provided for residents to relax on and multiple televisions to watch. With a resident's permission, the inspector viewed their bedroom which was noted to be personalised with Liverpool posters, was well maintained and had plenty of facilities for the resident to store their belongings. Towards the rear of the house was a small garden area.

Throughout the house various pieces of information were on display for residents. Included amongst this was a copy of the residents' guide. This provided residents with information about living in the designated centre such as how residents would be involved in the running of the designated centre. The residents' guide indicated that residents would have a monthly house meeting where everyone would contribute to the running of the centre. It was seen that such meetings were taking place with meeting notes indicating how residents were asked for suggestions of fun things to do during the following month. Suggestions made by residents included

watching movies and day trips.

It was also read how various issues were discussed with residents during these meetings including COVID-19, food, safeguarding, fire safety and complaints. Information on the complaints procedures was seen to be on display in the designated centre and records reviewed indicated that residents were supported and encouraged to raise complaints. Where any complaints were raised, actions were taken in response to these. For example, some residents had raised an issue around Internet access in the designated centre and this was addressed. Records of any complaints made were kept which included details of how they were responded to and whether or not the residents raising complaints were happy with the outcome. In the complaints documents reviewed, it was indicated that residents were happy with such outcomes.

In summary, the feedback provided by residents, both verbally to the inspector and in the documents reviewed during this inspection, was very positive. Residents met on the day of inspection appeared comfortable and relaxed in staff's presence. Support was being given to residents to pursue education and work. The house that had been provided for residents to live in reflected a homelike environment.

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, this inspection found a good level of compliance with the regulations reviewed but an action was identified relating to the content of the provider's annual review.

This designated centre had last been inspected by HIQA in April 2021 where a strong level of compliance was found. Since then a registration application had been received from a new provider entity to register the centre for a further three years. With a view to informing a registration decision, it was decided to carry out a further inspection of this centre. While the current inspection did review some of the same areas as covered during the April 2021 inspection, some different regulations were also reviewed.

While, the current registration application reflected a change in provider entity for this designated centre, it was noted that the same persons participating in management would be remaining involved in the running of the centre. This included the person in charge who was responsible for a total of three designated centres at the time of this inspection. Under the regulations the person in charge role must be full-time and the individual appointed to this position must have sufficient experience and qualifications to perform the role. The person in charge for

this designated centre was appropriately skilled, qualified and experienced to meet the requirements of the regulations.

However, during the inspection it was noted that the person in charge was not working full-time. This was not in keeping with the regulations. While this area did need to be addressed, it was also found on this inspection that, despite their current remit of three designated centres, the person in charge was an active presence in the current centre. For example, rosters reviewed indicated that the person in charge was based in this designated centre one day a week while they also carried out monthly audits covering key issues relating to the running of the centre and the supports provided to residents.

The person in charge was supported in their role by a full-time team leader who was also based in this designated centre. This was in keeping with centre's organisational structure as outlined in the designated centre's statement of purpose. This is an important governance document that should reflect the services provided to residents. Under the regulations the statement of purpose must contain specific information such as details of the services and facilities to be provided, the arrangements for complaints and the arrangements for respecting residents' privacy. Taking into account the overall findings of this inspection, residents were being provided with appropriate care and support in accordance with the centre's statement of purpose.

Systems were also in operation by the provider to review the quality and safety of care and support provided to residents. As part of these, the provider had completed an annual review for the centre in September 2021. This included feedback from residents and indicated an overall good level of compliance with the regulations as was found on this HIQA inspection. It was noted though that the annual review did not consider if the care and support provided to residents was in keeping with relevant national standards. In addition to the annual review, the provider had ensured that a six monthly audit of the centre was conducted in May 2021. Again this indicated a good level of compliance and covered areas such as complaints, restrictive practices, safeguarding and notifications while also providing for consultation with staff.

The staffing arrangements in place were found to be adequately supporting residents' assessed needs during this inspection. As part of this a continuity of staff was provided to support residents while planned and actual staff rosters worked were maintained. Staff were also receiving formal supervision while, since the previous HIQA inspection, they had also undergone specific training to support the communication needs of one resident. The inspector reviewed a sample of staff files and found that they contained all of the required information such as evidence of Garda Síochána (police) vetting.

Regulation 14: Persons in charge

A suitable person in charge was in place who had the necessary skills, experience

and qualifications. The person in charge was responsible for a total of three designated centre but their remit was found not to be negatively impacting the current centre. However, under the regulations the post of person in charge must be full-time and at the time of this inspection, the person in charge was not working full-time.

Judgment: Substantially compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents which included a continuity of staffing. Planned and actual staff rosters were being maintained along with staff files which contained all of the required information such as evidence of Garda vetting, written references and full employment histories.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members were receiving formal supervision. Training was provided to staff in various areas with records provided indicating that all staff training was up-to-date.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was provided for which contained most of the required information but was missing some details such as the addresses of residents' general practitioners.

Judgment: Substantially compliant

Regulation 22: Insurance

Appropriate insurance cover was provided for this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

A clear organisational structure was in place for the centre while monitoring systems were also in operation. These included the most recent annual review conducted for this centre. While this annual review did provide for consultation with residents and families, it did not sufficiently consider if the care and support provided to residents was in accordance with the standards.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that had been recently reviewed, was on display in the designated centre and contained all of the information required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were given information about complaints through resident meetings while information about the complaints procedure was on display in the centre. Records of any complaints made were maintained which included details of actions taken in response and whether residents were satisfied with the outcome of any complaints made.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the policies required by the regulations were available for the inspector review during this inspection. All of these had been reviewed within the previous 3 years.

Judgment: Compliant

Quality and safety

Residents' needs were being appropriately supported while they lived in this designated centre. Some improvement was required though relating to risk management.

A key focus of the regulations is requiring providers of designated centres to ensure that appropriate arrangements are in place to meet the assessed health, person and social needs of residents. Based on the findings of this inspection, the provider of this designated centre was ensuring that residents' needs were well supported. There was evidence of this in multiple areas. For example, residents were being given support around their medicines and facilitated to self-administer their own medicines, residents were being encouraged to pursue educational opportunities and residents were being supported to maintain contact with family members.

The supports that were provided to residents were apparent from talking with residents, speaking with staff members present and reviewing documentation. Such documents included residents' personal plans. The inspector reviewed a sample of such plans and noted that they contained a good level of information on how to support residents. Such personal plans were informed by assessments of needs and were also subject to an annual review. As part of the personal planning process, it was seen how each resident had a specific staff member assigned to help them in completing desired actions that had been identified through the personal planning process.

In addition to supporting needs, it was also noted that active efforts were being made to protect residents from COVID-19. During the inspection it was seen that infection prevention and control measures being followed including regular cleaning, staff training and the use of personal protective equipment (PPE). A contingency plan was also provided for this centre which had been recently reviewed and provided guidance for how to respond in the event that COVID-19 related concerns arose. Residents and staff were also being monitored for symptoms although the inspector did not note some inconsistencies in the frequency of staff temperature monitoring. Under relevant national guidance, all staff should check their temperatures twice a day but on records reviewed related to this, some entries were noted where staff had only checked their temperatures once on certain days.

Risk assessments related to COVID-19 were also in place. As part of a risk management process, it was seen that systems were in operation for any accidents or incidents occurring in the designated centre to be recorded and reviewed. However, when reviewing such records the inspector noted some incidents, which given their nature, potentially posed a risk to the residents living in this centre, staff and members of the community. Despite this, these incidents had not been reflected in a risk assessment and the inspector was informed that there was no guidance available for staff in how to respond should a similar incident occur again in the future. As a result the inspector was not assured that these incidents had been sufficiently considered from a risk management perspective.

Regulation 10: Communication

Residents with particular communication needs were being supported with relevant training also provided.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to maintain contact with the families, pursue activities and participate in education. For example, one resident was enrolled in a retail course while another resident was doing some voluntary work in retail shop.

Judgment: Compliant

Regulation 17: Premises

A suitable premises was provided for residents to live in which was seen to be clean, homely, well-furnished and well decorated.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was on display in the designated centre which included details such of how to access HIQA inspection reports and the arrangements for complaints.

Judgment: Compliant

Regulation 26: Risk management procedures

Some incidents which occurred in the designated centre and potentially posed a risk to residents, staff and members of the community had not been risk assessed and the inspector was informed that there was no guidance available for staff in how to respond should a similar incident occur again in the future.

Judgment: Not compliant

Regulation 27: Protection against infection

Infection prevention and control practices being followed in this centre included regular cleaning, staff training and the use of PPE. Staff were also checking their temperatures daily but from records reviewed, it was seen that there was some inconsistencies in this area.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents were being supported to self-administer their own medicines. Appropriate storage facilities were available in the centre including for medicines which required refrigeration. A sample of medicines documents were reviewed which were seen to be of a good standard.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, appropriate arrangements were in place to meet residents' needs in this centre. Residents had personal plans in place which were informed by assessments of needs and reviewed.

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns were identified on this inspection and all staff had undergone relevant training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated respectfully during this inspection. Residents were consulted through 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tralee Accommodation Service OSV-0002647

Inspection ID: MON-0026881

Date of inspection: 18/10/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The Provider is currently looking at options to appoint an additional PIC. This will be completed by 31/01/2022.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The directory of Residents has been updated to include the address of the GP for each Resident. This was completed on 01/11/2021.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • PPIM will consult with members of the Quality & Governance team to adapt the annual review template to ensure it captures both regulation and standards when conducting the annual review for the residential service. This will be completed by 30/11/2021. 	

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: At the time of inspection there was documentation in place to guide and support staff should an incident similar to the one referenced in this report occur in the future.</p> <p>Additional Actions that will now be taken:</p> <ul style="list-style-type: none"> • A specific Risk Assessment in relation to the resident’s risk of throwing objects/ breaking glass bottles to be implemented. This will be completed by 10/12/2021. • Review of the current service specific service Risk Assessment for Behaviours that Challenge. This will be completed by 10/12/2021. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Staff have been reminded that when completing a sleepover shift temperature checks should take place twice on each day rather than twice per shift. • The Provider has updated their guidance on this issue and this was circulated to on 15/11/2021. 	

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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Substantially Compliant	Yellow	31/01/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	01/11/2021
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 designated centre and that such care and support is in	Substantially Compliant	Yellow	30/11/2021

	accordance with standards.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	10/12/2021
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.	Substantially Compliant	Yellow	15/11/2021