



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

## Issued by the Chief Inspector

Name of designated centre:	Cavan Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	03 August 2023
Centre ID:	OSV-0002676
Fieldwork ID:	MON-0031823

## About the designated centre

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

Cavan Supported Accommodation provides a community-based residential service for up to seven adults with mild to moderate intellectual disabilities. The centre is located in a busy town in Co Cavan. Residents have access to amenities such as shops, cafes and restaurants. Cavan Accommodation comprises three self-contained apartments. Apartment one has three bedrooms, two bathrooms, a shared kitchen and living area and a staffroom. Apartment two and three both have two bedrooms, each with a shared bathroom, kitchen and living room area. Residents attend local day services Monday to Friday. If a resident is unwell or chooses not to attend day service they can independently stay in their apartments and arrangements are made based on risk assessments for support. During the week there are extra staff supports provided in the evenings and hours may vary depending on activities planned. Residents are supported on a 24-hour basis at weekends by a team of support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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
Thursday 3 August 2023	09:45hrs to 17:55hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

The inspector found that the governance and management arrangements in the centre facilitated good quality, person-centred care and support to residents. Residents were supported to contribute to the running of the centre and they were encouraged to be as independent as possible.

The inspector had the opportunity to meet five residents that lived in the centre the other two residents were at home on family visits. Some residents chose not to talk to the inspector and their wishes were respected. Others communicated that they felt supported by staff and felt that staff would listen to them if they had a concern. They felt they had choice each day and were happy living in their apartments. Two residents stated that they would like to have better access to a garden which resembled the type you have with living in a house with a private garden. This was discussed with the person in charge on the day of the inspection and the inspector was assured that this would be explored further with the residents.

On the day of the inspection, residents went for a drive to another town and had lunch out. They then went to a farm as one resident had a particular interest to see the process of how cows were milked.

In addition to the person in charge, there were two staff members on duty during the day of the inspection. The person in charge and staff members spoken with demonstrated that they were familiar with the residents' support needs and preferences.

The person in charge had arranged for staff to have training in human rights. One staff spoken with stated that, the training confirmed that they had been taking the correct approach and they felt that human rights was and should continue to be at the core of their values. The staff member said that sometimes there may have been a greater focus on risk than on peoples' rights. They felt that over the last few years, they were striving to ensure their practice when supporting people demonstrated that, risk was considered when making a decision while ensuring that the person's rights were the primary focus.

The inspector conducted a walk around of the centre. The centre was made up of three apartments and they appeared tidy and clean. There were suitable in-house recreational equipment available for use, for example televisions, jigsaws and DVDs as per residents' interests.

Each resident had their own bedroom and bathroom facilities were shared. There was sufficient storage facilities for their personal belongings in each room. Residents' rooms had personal pictures and achievements displayed. For example, one resident had a certificate displayed in their room from a well respected university for being an Easter card competition finalist.

The centre had a small shared garden space on the ground floor that was available for use although it did not have anywhere for residents to sit out and relax in it. The person in charge communicated to the inspector that they planned to review the space with residents in order to make it a more welcoming space.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided by way of residents themselves or family representatives. They communicated that they were very happy with the majority of aspects the care and supports provided in the centre. Garden access was mentioned in a few of the questionnaires. One questionnaire stated that the centre was well managed and said that the resident felt safe.

The provider had also sought resident and family views on the service provided to them by way of an annual questionnaire. Feedback received indicated that residents and families communicated with were happy with the service provided. One family stated that staff were always helpful and that staff were very welcoming.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

## Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in October 2022 where an infection protection and control (IPC) only inspection was undertaken. At that inspection, the provider had for the most part governance and management arrangements in place that were effective in assessing, monitoring and responding to infection control risks. However, it was observed that some improvements were required to ensure the centre was operating in full compliance with Regulation 27: Protection against infection and associated standards. Actions from the previous inspection had been completed by the time of this inspection.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality service to residents.

There was a statement of purpose in place that was reviewed and updated on a regular basis that was in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). In addition, the centre was adequately ensured against risks to residents.

There was a defined management structure in place which included the person in charge and regional manager. From evidence reviewed and observed, the person in

charge provided good leadership to their team and knew the residents well.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas, such as complaints and documentation audits.

There was a planned and actual roster in place. A review of the rosters demonstrated that there was sufficient staffing in place to meet the assessed needs of the residents.

There were established supervision arrangements in place for staff. The person in charge monitored staff training and development needs. They ensured that staff had the required training to carry out their roles. For example, staff had training in fire safety and medication management.

### Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge in place managing the centre. The person in charge worked in a full-time role and was supported in their role by a team leader.

The person in charge demonstrated a good understanding of residents and their needs. In addition, they had appropriate systems in place to ensure the service provided was monitored on an ongoing basis. Staff spoken with felt supported by the person in charge and that they would be comfortable raising concerns if required.

Judgment: Compliant

### Regulation 15: Staffing

Staff had the necessary skills to meet residents' assessed needs. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre.

Staff personnel files were not reviewed on this inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge ensured that staff had access to a suite of training and development opportunities. For example, staff had mandatory training as well as other training deemed necessary by the provider in order to support the residents, such as epilepsy training.

Staff had received training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

In addition, there were supervision arrangements in place for staff as per the organisation's policy.

Judgment: Compliant

### Regulation 22: Insurance

The provider had ensured that the centre was adequately ensured against risks to residents.

Judgment: Compliant

### Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge, the team leader and there were a number of people participating in management for the centre that provided senior management oversight and support.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. The annual review provided for consultation with residents and their family representatives. The person in charge arranged for monthly team meetings to occur to ensure there was shared learning and that staff were kept informed of important information.

There were other local audits and reviews conducted in areas, such as medication management, residents' files and health and safety.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place that was reviewed and updated on a regular basis that was in line with the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the residents in this centre were supported to enjoy person centred support which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment where they were empowered to live as independently as possible.

Residents' needs were assessed on at least an annual basis, and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. Personal plans included clear communication plans and staff spoken with demonstrated that they were familiar with residents' communication needs. Personal plans were reviewed at planned intervals for effectiveness. Residents had appropriate access to healthcare as required.

Restrictive practices were logged and reviewed every six months. For example, restrictive practices included the staff office locked when staff were not present. Where residents presented with behaviour of concern, the provider had arrangements in place to ensure these residents were supported and received regular review.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were being offered the opportunity to engage in activities of their choice and how they spent their day. Residents spoken with communicated that they were happy with their level of choice and that if they wanted to do something that all they had to do was talk to staff if they needed support. They communicated that they felt listened to and would be comfortable raising concerns.

Residents had access to food and drink at all hours and were supported to buy their own shopping. However, there appeared to be an over reliance on convenience meals or light meals daily for one resident and for the other residents at weekends.

The inspector had the opportunity to see each apartment and they were adequate in meeting the residents' assessed needs and were found to be in a good state of repair. Residents were involved in how the apartments were decorated.

The inspector found there was a residents' guide that contained the required information as set out in the regulations.

There were appropriate systems in place to manage and mitigate risks and keep

residents and staff members safe. For example, there was a risk management policy.

There were systems in place for fire safety management and the centre had sufficient fire safety equipment in place which was serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal emergency evacuation plans (PEEPS) in place which outlined how to support residents to safely evacuate in the event of a fire. However, further assurances were required to ensure that the fire alarm and detection system adequately covered the building as it was not evident if there were any areas not covered.

### Regulation 10: Communication

There were clear communication support plans in place for each resident. The person in charge demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required.

In addition, residents had access to a television and Internet.

Judgment: Compliant

### Regulation 17: Premises

At the time of the inspection each apartment was adequate for the assessed needs of the residents. They were found to be clean and in a good state of repair. Each resident had their own room decorated to their own preference. Some kitchen presses had recently been repaired. The person in charge communicated to the inspector that there were plans for the kitchens in each apartment to be replaced within the next couple of years.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to buy their own food and if they requested support they were supported to cook their own meals. Residents were independent in cooking some basic meals and snacks. In addition, they had access to food whenever they wanted. The majority of the residents purchased a cooked dinner Monday to Friday from their day programme.

However, from a review of food options available in the centre and discussions with

some residents and staff it appeared that there was an over reliance on convenience foods for other meal times especially at weekends. It was not evident if any dinners were made in the centre and it was not evident to the inspector if enough information and educational work had been completed with the residents to support them to make informed choices about their diet choices. For example, one resident was trying to loose weight and heavily relied on ready meals for their dinner each day as they did not purchase a meal in their day programme. While this appeared for the most part to be the resident's choice it was not evident as to the extent of it being an informed choice.

Judgment: Substantially compliant

### Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations. A copy was made available to each resident.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

In addition, centre specific and individual risk assessments had been developed and control measures in place as required. In addition, all incidents were reviewed by the person in charge and incidents were discussed at team meetings. The person in charge was found to have responded appropriately to the changing needs of a resident and sought the help of appropriate professionals in putting in place additional control measures to promote their safety.

Additionally, the centre's boiler had been serviced within the last year.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable systems in place for fire safety management, for example the centre had fire safety equipment in place which was regularly serviced. There was

evidence of periodic fire evacuation drills taking place which included drills that took place during the hours of darkness. In addition, drills had taken place with maximum numbers of residents participating and minimum staffing levels.

Furthermore, each resident had an up-to-date PEEPS in place which outlined how to support them to safely evacuate in the event of a fire. Staff used a flash card system to support a resident with some hearing difficulties if required.

However, assurances were required that the fire alarm and detection system adequately covered the building and whether there were any areas that were not covered by the alarm. The provider at the time of this report had sought assurances from their competent fire person to assess the building and were awaiting a response.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed and there were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness. For example, there were plans in place for specific healthcare needs and physical health. In addition, residents were supported to develop life goals for themselves to work on for the coming year. For example, one resident wanted to loose weight. Another resident wanted a particular in case needed medication removed from their prescribed medications and staff supported them to make this informed choice and seek medical review in order to have it removed, which it was.

Some healthcare related guidance for staff required review with regard to a resident to ensure all applicable information was recorded and consistent. The person in charge arranged for this to be completed the day after the inspection and evidence provided to the inspector.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare needs were well assessed, and appropriate healthcare was made available to each resident. They had access to a general practitioner (G.P) and a wide range of allied health care services, such as neurology and urology if required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. While there were some restrictive practices in place, such as the staff office door locked they were in place to help ensure the privacy of residents' information. One resident's razor was kept in staff office when not in use in order to promote them not over using it and hurting their skin. Restrictive practices were subject to periodic review.

Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk. Residents had behaviour support plans in place to help guide staff when deemed appropriate.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were assisted and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected. Some methods by which the centre was demonstrating this was by conducting monthly residents' meeting to help understand their feedback on the service, discuss health and safety and other applicable topics.

In addition, each resident received regular individual key-working sessions with a staff member. Residents communicated to the inspector that they felt listened to and could go to staff members or the person in charge if they had any issues.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cavan Supported Accommodation OSV-0002676

Inspection ID: MON-0031823

Date of inspection: 03/08/2023

## 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 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> <li>• Key working sessions will be carried out with all service users to provide information about healthy lifestyle choices including the benefits of fresh vegetables and fruit, physical exercises, etc. These sessions will be individualized to the service user as to contain information which may be relevant to their needs should as low sugar diet for individuals with diabetes verse high sodium diet chooses for individuals with low sodium.</li> <li>• Food and nutrition will be added as a standing item to the monthly house meetings, these meeting will provide regular opportunities for staff and service users to discuss their will and preference in relation to supports provided when service users are completing their food shopping, choosing meals and preparing meals. During these meetings staff will also provide service users with educational information about food and nutrient in order to ensure they are meeting informed choices.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• A full inspection of the detection and alarm system in place in the designated centre, car park area and evacuation route which service users would use in the event of an emergency evacuation will be carried out by a competent fire inspector to determine the level of coverage within these areas and provide assurance the system in place meets the required fire regulations. This inspection will take place on the 5th of October 2023.</li> <li>• Should this inspection determine there is a deficit in the level of detection within these areas the provider will make the required updates to ensure the system is in line with</li> </ul>	

regulations. The provider will complete any actions by the 31st of November 2023, with priority given to any actions which may impact on service safety.

- PIC will implement a risk assessment outlining the possible impact and control measures in place, in relation to fire detection within the building in which the service resides due to other areas of the building not requiring the same level of detection as they are not residential in nature or designated centres. This risk assessment will be implemented on the 21st of September 2023, it will be reviewed following the fire inspection on the 05.10.23 and updated to include any relevant information.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Substantially Compliant	Yellow	30/09/2023
Regulation 18(2)(b)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2023