



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

## Issued by the Chief Inspector

|                            |                                |
|----------------------------|--------------------------------|
| Name of designated centre: | Listowel Accommodation Service |
| Name of provider:          | RehabCare                      |
| Address of centre:         | Kerry                          |
| Type of inspection:        | Announced                      |
| Date of inspection:        | 03 December 2021               |
| Centre ID:                 | OSV-0005892                    |
| Fieldwork ID:              | MON-0027043                    |

## About the designated centre

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

Listowel Accommodation Service consists of a large detached bungalow located in a rural area but within short driving distances to some towns. This designated centre provides residential care for four male residents over the age of 18 with intellectual disabilities, Autism and mental health needs. Each resident has their own bedroom and other rooms in the centre include bathrooms, a kitchen/dining room, a sitting room, a conservatory, a utility room and a staff office. Residents are supported by the person in charge, team leaders and care workers.

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

Number of residents on the date of inspection:

4

## How we inspect

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 |
|------------------------|----------------------|---------------|------|
| Friday 3 December 2021 | 10:00hrs to 16:00hrs | Conor Dennehy | Lead |

## What residents told us and what inspectors observed

Residents were living in a homely environment and were being supported to engage in activities and projects while living in this designated centre. However, there had been occasions when residents had negatively impacted on one another.

On arrival at the designated centre, only two of the four residents living in the centre were present. Of the other two residents, one was attending their day services away from the centre while the second was out with their assigned staff member. Upon entering the centre it was seen that Christmas decoration had been put up and the inspector initially met one resident in their bedroom where such decorations were also on display. This resident's bedroom had two Christmas trees present and the resident appeared very happy with these. The inspector was greeted by this resident who knew the full name of the inspector. Shortly after the inspection commenced this resident left with staff to attend a Christmas event. The resident appeared to be looking forward to this and indicated to the inspector that things were well before leaving.

After this resident left, they did not return to the designated centre before the end of the inspection. The other resident who was present at the start of the inspection was also offered the opportunity to go to the same Christmas event but declined the invitation. This resident spent much of the inspection in the designated centre but did leave the centre to go to a shop after being asked by a staff member if they wanted to go. Staff were overheard to engage pleasantly with this resident who did not interact much with the inspector. However, the resident did indicate to the inspector that they liked their bedroom and was observed to smile at multiple points throughout the inspection.

The resident who had been out at their day services did return to the designated centre in the afternoon. This resident greeted the inspector but otherwise did not engage with the inspector. It was observed that this resident moved freely throughout the centre and was seen to get their own drink. The fourth resident living in the centre did not return before the end of the inspection and so they were not met by the inspector during the course of this inspection. However, this resident along with the other three residents were supported by staff to complete HIQA pre-inspection questionnaires, all of which were read by the inspector.

Such questionnaires covered topics like residents' bedrooms, food, visitors, rights, activities, staff and complaints. In these activities which were listed as being undertaken by residents included meeting family members, going on a ferry, going to day services, music, drumming, art, basketball, tennis, gardening, swimming, horse riding and gardening. In addition to these activities the inspector was informed that one resident was doing some voluntary work in local pub and that efforts were made to resume a day services for another resident. The return of this resident to day services was being held up by matters which were outside of the provider's control. While the resident questionnaires contained broadly positive

responses for all topics, one resident's questionnaire did state that the resident had "more clothes than I have space for".

The house that was provided for residents to live in was seen to be generally very homely, well-furnished, well maintained and clean. However, the inspector did observe that the doorframe leading from the hall into the kitchen was damaged while the underside of some hand gel dispensers were seen to be visibly dirty and did not appear to have been cleaned in some time. This was highlighted to the person in charge on the day of inspection and shortly after a staff member was seen cleaning these dispensers. The same staff member was also seen to carry out routine cleaning of other areas of the house during the inspection.

Each resident had their own bedroom and it was noted that these were well decorated and were provided with facilities to store residents' belongings including wardrobes, beside cabinets and chests of drawers. Such bedrooms were also personalised. For example, one resident's bedroom was brightly decorated with numerous posters on the wall. In communal areas of the house, posters of projects which residents had been involved in were also on display. Such projects covered areas like fire safety and infection prevention and control. One of the posters contained photographs of a resident demonstrating how to wear a face mask and how to perform hand hygiene.

Just inside the front door of the house was a notice board which various pieces of relevant information for residents. These included contact details for an advocacy officer, information about complaints, details of how to contact the Confidential Recipient, a charter of rights, the centre's statement of purpose and a copy of a residents' guide. This guide outlined how residents were to be consulted in the running of the designated centre which included residents' meetings, support from keyworkers (specific staff assigned to support individual residents) and residents' participation in person-centred planning. From documents reviewed on this inspection it was seen that residents were being consulted in these ways.

Residents meetings were taking place on a weekly basis with topics discussed included menus, activities, COVID-19 and safeguarding. Social stories were also used to explain such topics to residents with copies of these stories seen. Within residents' personal plans there were notes of regular one-to-one discussions between residents and their assigned keyworkers where similar topics were discussed. Easy-to-read versions of residents' personal plans were also provided which were very visual. Person-centred planning was being carried out to ensure residents were involved in the development of their personal plans. This was also used to identify goals for residents to achieve with examples of these including going to Disneyland Paris and going to a concert.

Other documentation reviewed during this inspection included incident records for the designated centre. When reading these the inspector observed that there had been incidents occurring in the designated centre where residents had negatively impacted on other residents. These typically tended to be verbal in nature although there had been some which involved physical aspects such as one resident throwing a can at or pushing another resident. Similar interactions had also been noted

during the previous HIQA inspection in April 2021 and it was indicated on this inspection that overall circumstances had improved since then. In particular, it was highlighted that two residents who had negatively impacted one another were attending activities together although it was also indicated that there could still be times when these residents would “frustrate each other”.

In summary, there were indications that the group of residents living in this centre was contributing to some negative interactions. Despite, this it was seen that activities for residents were being facilitated while residents had been provided with a homely setting to live in. Measures were in operation to ensure that residents were being consulted and given information.

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

The provider had taken measures to respond to the issues highlighted by the previous inspection which contributed to an improved level of compliance on this inspection.

This designated centre had last been inspected in April 2021 where concerns were identified regarding admissions practices, the compatibility of residents to live together and safeguarding. In response to these the provider submitted a compliance plan response outlining the measures they would take to come back into compliance which included building an extension to the existing centre to provide a self-contained living unit for one resident which would be completed by the end of March 2022. In the time since that inspection a registration application had been received to re-register this centre under a different provider entity but with the same persons participating in management remaining.

To assess progress with the provider’s previous compliance plan response and to inform a registration recommendation, the current inspection was carried out. As part of the registration application an updated version of the centre’s statement of purpose was provided which is an important governance document that forms the basis of a condition of a designated centre’s registration. Under the regulations the statement of purpose should contain specific information relating to the designated centre. It was seen that all of the required information was contained within the statement of purpose including details of the services and facilities to be provided, details of the admissions criteria and the staffing arrangements that were in place to support residents.

It was found that the staffing arrangements provided were in keeping with the statement of purpose while additional one-to-one staff for resident, which had been

put in place just before the April 2021 inspection, remained in place. The staff team that was in place was overseen by a suitability skilled, experienced and qualified person in charge. At the time of this inspection, they were responsible for a total of three designated centres although it was indicated that their remit would be soon reducing to two. Arrangements were provided to support the person's charge remit, including support from two lead leaders in the current centre, and their remit was not found to be negatively impacting this centre. It was noted though that the person in charge was not working fulltime as required by the regulations.

The regulations also require the provider to have suitable monitoring systems in place to review the services being provided to residents. Such systems were in operation and overall this inspection found that the provider had responded to the issues raised by the previous inspection. However, as will be discussed below, there were indications that the compatibility of residents still posed challenges. In addition, the previous inspection had raised particular concerns around the admissions practices followed in the centre. No new resident had been admitted to this centre since that time so it was not possible to assess admissions practices on the current inspection. It was indicated though that the planned extension to the existing centre could create a vacancy in the centre in the future. Given the assessed needs of some of residents living in this centre, any future new admission would need to be carefully considered.

#### Regulation 14: Persons in charge

A suitable person in charge was in place but at the time of this inspection, they were not working full time.

Judgment: Substantially compliant

#### Regulation 15: Staffing

Planned and actual staff rosters were being maintained. Staffing arrangements were in keeping with the centre's statement of purpose.

Judgment: Compliant

#### Regulation 19: Directory of residents

All of the required information was contained within the directory of residents that available for the inspector to review.



Judgment: Compliant

### Regulation 22: Insurance

Appropriate insurance arrangements were provided for this centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider was monitoring the services provide to residents through 6 monthly reviews of the centre and regular audits. An annual review had not been carried out since the previous HIQA inspection but the provider was aware of its responsibilities in this area.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose had been recently reviewed and contained all of the required information.

Judgment: Compliant

### Regulation 34: Complaints procedure

Information about the complaints procedure was on display in the designated centre. Records of any complaints made were kept which indicated that any complaints were being followed up on.

Judgment: Compliant

### Quality and safety

Ongoing efforts were being made to safeguard residents but since the previous inspection, there had been a high volume of safeguarding notification received. Residents were being well supported to ensure that they enjoyed the best possible health.

The four residents in this centre all lived together in one house. During the April 2021 inspection, a copy of a compatibility of assessment for residents from March 2021 was reviewed which indicated that some residents could act as triggers for one another while communal living was not optimal for the needs of one resident. Such compatibility issues were contributing to negative interactions between residents which were also safeguarding in nature. As part of the provider's compliance plan response for the April 2021 inspection, it was indicated that they would look to build an extension to the existing centre to provide a self-contained living unit for one resident. A March 2022 timeframe for completion was given and on the current inspection the inspector saws plans for the proposed works. While it was indicated that the provider was working towards the March 2022 timeframe, works on this extension had yet to commence at the time of this inspection.

Pending completion of this extension, there were indications that challenges remained regarding the compatibility of residents living in this centre. Since the previous inspection, a total of 35 notifications of a safeguarding nature, all involving interactions between residents, had been received by HIQA. In a recent review of the centre, carried out by the provider, it was highlighted how "safeguarding trends relate to compatibility among residents". Despite this it was noted that overall safeguarding incidents had been reducing in recent months with various safeguarding measures and supports in place. However, taking into account the contents of compatibility assessment provided and the incidents that had occurred in the centre, suitable arrangements were not in place to meet the needs of all residents at the time of this inspection.

One such incident involved one resident becoming unhappy by the vocalisations of another resident. In response to this, the first resident hit their hand off a table which resulted in the resident requiring medical attention. It was noted that such medical attention was provided and during this inspection evidence was seen that residents were being supported to enjoy the best possible health. For example, residents availed of health and social care professionals such as general practitioners and psychiatrists while support was given to avail of national screening programmes. Residents were also supported with their medicines with appropriate secure storage facilities for medicines available within the centre.

The centre was also equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Such fire doors are important in containing the spread of fire and smoke while also ensuring that a safe evacuation route is provided. During the inspection it was noted though that the door frame of one of these doors was damaged while some fire doors had a noticeable gap under them which could reduce their effectiveness. Other fire safety systems were being served at regular intervals by external contractors to ensure that they were in proper working order. Fire drills were being carried out regularly including to reflect times when staffing levels would be at their lowest. The fire

evacuation procedures were on display in the centre and records provided indicated that all staff had undergone relevant fire safety training.

### Regulation 13: General welfare and development

Residents were being supported to avail of various activities and to maintain contact with their families.

Judgment: Compliant

### Regulation 17: Premises

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

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information.

Judgment: Compliant

### Regulation 27: Protection against infection

Records provided indicated that all staff had undergone relevant infection and prevention control training. Staff were observed to wear face masks throughout the inspection. Records indicated that regular cleaning was carried out but based on observations of the inspector, the underside of hand gel dispensers had not been cleaned in some time. Staff were generally taking their temperatures twice a day in line with national guidance although some recent instances were noted where staff were only indicated as taking their temperatures once.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Fire safety systems were in place but some of the fire doors provided needed review to ensure that they were functioning as intended.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Appropriate facilities were provided for medicines to be stored securely. Documentation relating to medicines was maintained to a good standard while residents were being assessed around the self-administration of medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

A compatibility assessment carried out by the provider had highlighted that living with others might not suit the particular needs of one resident and that the behaviours of some residents could act as a trigger for other residents and lead to negative interactions between residents.

Judgment: Not compliant

## Regulation 6: Health care

Residents were being supported to enjoy the best possible health and to avail of health and social care professionals as required. Interventions such as vaccines were also facilitated while support was given to residents to avail of national screening programmes.

Judgment: Compliant

## Regulation 8: Protection

While circumstances in the centre had improved in recent months, since the

previous inspection in April 2021, 35 safeguarding notifications had been notified to HIQA.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents were being treated respectfully and were consulted about the designated centre and the things they did through person-centred planning, discussions with keyworkers and 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                |
|---|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 14: Persons in charge                      | Substantially compliant |
| Regulation 15: Staffing                               | Compliant               |
| Regulation 19: Directory of residents                 | Compliant               |
| Regulation 22: Insurance                              | Compliant               |
| Regulation 23: Governance and management              | Compliant               |
| Regulation 3: Statement of purpose                    | Compliant               |
| Regulation 34: Complaints procedure                   | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 13: General welfare and development        | Compliant               |
| Regulation 17: Premises                               | Compliant               |
| Regulation 20: Information for residents              | Compliant               |
| Regulation 27: Protection against infection           | Substantially compliant |
| Regulation 28: Fire precautions                       | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services  | Compliant               |
| Regulation 5: Individual assessment and personal plan | Not compliant           |
| Regulation 6: Health care                             | Compliant               |
| Regulation 8: Protection                              | Substantially compliant |
| Regulation 9: Residents' rights                       | Compliant               |

# Compliance Plan for Listowel Accommodation Service OSV-0005892

Inspection ID: MON-0027043

Date of inspection: 03/12/2021

## 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:<br>The Provider is currently exploring options to appoint an additional PIC. This will be completed by 31/01/2022.  |                         |
| Regulation 27: Protection against infection  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"><li>• Staff have been reminded that temperature checks should take place twice on each day rather than twice per shift.</li><li>• The Provider has updated their guidance on this issue and this was circulated to the staff team. This will be discussed regularly at monthly staff meetings.</li><li>• Weekly monitoring of staff temperatures in place 09/12/2021</li></ul> |                         |
| Regulation 28: Fire precautions  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br>Review of fire doors scheduled before the 22/12/2021. All repairs/ replacements will be   |                         |



completed by 20/02/2022

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- The compatibility assessment confirmed that one resident would be better suited to living alone in non-shared space. As an outcome of the report the Provider has agreed funding with the HSE to build an extension to the existing property which will provide a self-contained living unit. It is anticipated this will be completed by 30/03/2022.
- A Psychological assessment was completed on 16/03/2021. There is regular support and input from Sensory OT.
- The Provider has reviewed the rota to ensure that three staff remain on duty during day time hours, this will remain in place as long as required.
- Regular on-site support in place from Behavioral Therapist and will continue for as long as required

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- Increased staffing during day time hours will remain in place for as long as required, this is in place since 17/03/2021.
- Quarterly reviews of all behavioural incidents are completed with the PIC, BT and PPIM. With a strong emphasis on controls and measures to reduce the impact of individuals' behaviours on other residents. These controls will be recorded on the quarterly review report along with the timeframes.
- The compatibility assessment confirmed that one resident would be better suited to living alone in non-shared space. As an outcome the Provider has agreed funding with the HSE to build an extension to the existing property which provides a self-contained living unit. It is anticipated this will be completed by 30/03/2022.
- At a minimum six monthly reviews are completed with the Safeguarding and Protection Team, but happen more frequently when required. All Formal Safeguarding Plans are

reviewed by the PIC, ISM and the Safeguarding and Protection Team at a minimum of six months or following any safeguarding review meeting.

- Additional Service vehicle in place to ensure all residents can access the community safely when they choose

## 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 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   | Substantially Compliant | Yellow      | 09/12/2021               |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | associated infections published by the Authority.  |                         |        |            |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.  | Substantially Compliant | Yellow | 20/02/2022 |
| Regulation 05(2)    | The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1). | Not Compliant           | Orange | 30/03/2022 |
| Regulation 08(2)    | The registered provider shall protect residents from all forms of abuse.   | Substantially Compliant | Yellow | 30/03/2022 |