



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

Name of designated centre:	Rathedmond Community Group Home
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	27 November 2018
Centre ID:	OSV-0001934
Fieldwork ID:	MON-0023322

About the designated centre

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

Rathedmond Community Group Home provides residential care and support to adults with a disability for five days a week. The centre comprises of a two-storey semi-detached house in a residential area of a town. The centre is located close to the town with access to a range of local amenities such as restaurants, cafes, cinema and shops. In addition, to their own bedrooms, residents living at the centre have access to community facilities which include a sitting room and kitchen/dining room. One resident's bedroom has its own en-suite toilet, with a separate toilet and communal bathroom located on the top floor of the house. Care and support is provided to residents by a team of care assistants. One staff member is available at morning and evening times to provide support to residents. At night-time, the staff on duty undertakes a sleep over shift, but is available to provide support to residents if required. Residents stay with their families at the weekend, and therefore no care and support arrangements are required at the centre on Saturdays and Sundays. In addition, the provider has arrangements in place to provide management assistance to staff at the centre if required outside of office hours.

The following information outlines some additional data on this centre.

Current registration end date:	01/02/2021
Number of residents on the date of inspection:	3

How we inspect

To prepare for this inspection the inspector or 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
27 November 2018	08:45hrs to 15:00hrs	Stevan Orme	Lead

Views of people who use the service

The inspector met the three residents currently living at Rathedmond community group home during the course of the inspection. Residents told the inspector that they had lived together at the centre for a long time and got on well with each other. Residents said they felt safe when at the centre and enjoyed coming there each week after spending the weekend with their families. Residents said that they liked the staff that worked at the centre and were happy with the care and support they received.

Capacity and capability

Governance and management arrangements ensured that all aspects of the centre's operations were subject to regular evaluation into their effectiveness to ensure that residents received a good standard of care and support.

Management arrangements were robust in nature at the centre with the person in charge actively involved in the running of the centre. The person in charge and delegated staff members undertook a range of audits into all aspects of the centre's practices throughout the year. Audits were conducted into practices such as health and safety, residents' personal plans and medication management. Audit outcomes and where required improvement plans were shared with staff to ensure a consistency of approach in achieving compliance with the provider's policies and procedures. The provider also undertook six monthly unannounced visits and an annual review into the care and support provided at the centre as required under regulation. The outcomes of all audit arrangements at the centre were also incorporated into and monitored through the centre's annual quality improvement plan. The inspector found that all areas of identified improvement were addressed in a timely manner and ensured the quality of care provided to residents was in-line with their assessed needs. In addition, following the last inspection the provider had put measures in place at the centre which had addressed previously identified areas of non-compliance such as risk management and staff training.

The provider ensured that appropriate staffing arrangements were in place at the centre to meet residents' assessed needs. Care and support provided to residents by staff reflected their 'plans of care'. Staffing arrangements also enabled residents while at the centre to participate in a range of planned and ad hoc activities which reflected their personal goals and interests.

Staff spoken with during the inspection were knowledgeable on all aspects of

residents' care and support and the centre's operational management. The provider had arrangements in place which enabled staff to have regular access to training opportunities which equipped them to both meet residents' needs and ensured their practices reflected current developments in health and social care. Following the last inspection, the provider had put measures in place which ensured that all staff who administered residents' prescribed medication were competent to do so. In addition, through formal supervision arrangements and annual appraisals, staff were able to request additional training from the provider to meet residents' needs more effectively and also assist in their own career development. Staff knowledge was further kept up-to-date through one-to-one meetings with the person in charge. Staff told the inspector that the meetings enabled them to raise concerns, seek clarity on residents' support needs and be informed of changes in organisational policies, which resulted in a consistency of approach to service delivery at the centre.

Residents' were protected from harm when at the centre through the provider's robust and detailed risk management arrangements. The provider's arrangements ensured that risks were clearly identified and staff were informed of measures to be put in place to safeguard residents. Staff were knowledgeable on all risk control interventions in place at the centre and had received up-to-date training in related areas such as fire safety, manual handling and the safeguarding of vulnerable adults from abuse. Risk interventions were subject to regular review by the person in charge to ensure their ongoing effectiveness, with any changes being shared with staff through correspondence and one-to-one meetings. In addition, to local risk management arrangements, the provider reviewed all risks across the organisation at its 'Quality, Safety and Risk Management' (QSRM) committee. Risk reviews undertaken by the QSRM committee ensured both the ongoing effectiveness of safeguarding arrangements in place and identified any deficits in service provision which needed to be addressed across the whole organisation.

Furthermore, the provider had arrangements in place for the reporting of any accidents and incidents which occurred at the centre involving either residents or staff. Staff were knowledgeable on reporting arrangements and events of this nature were reported to the person in charge and managed effectively. Accidents and incidents were further reviewed by the person in charge and shared with the QSRM committee to identify any trends and additional actions required to ensure the centre provided a good standard of care and support to residents.

Regulation 15: Staffing

Staffing arrangements at the centre ensured that residents were kept safe from harm and supported with their assessed needs in-line with their 'plans of care'.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured through its training arrangements that staff were equipped with the appropriate skills and knowledge to support residents' needs, and their practices were in-line with current developments in the health and social care.

Judgment: Compliant

Regulation 23: Governance and management

Robust governance and management arrangements ensured that the centre was appropriately resourced. In addition, regular management audits completed on the effectiveness of all aspects of the centre ensured that residents' received a good standard of care and support.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider ensured through access to easy read information and regular house meetings that residents were aware of their right to complain if unhappy about the care and support they received at the centre. Where complaints had been lodged, they had been addressed in-line with the provider's policy and to the satisfaction of residents and or their representatives.

Judgment: Compliant

Quality and safety

Care and support arrangements ensured that during their stay at the centre, residents were supported in-line with their assessed needs, kept safe from harm and facilitated to achieve their personal goals

The provider' personal planning arrangements ensured that residents' needs were subject to an annual assessment by nursing staff to ensure they were up-to-date and comprehensive in nature. Following the nursing review, residents' 'plans of care' were updated to ensure they reflected current needs and any recommendations from multi-disciplinary professionals. The regular updating of personal plans ensured

that staff were clearly guided on how residents' needs were to be met and ensured a consistency of approach by all staff. In addition to regular updating, personal plans were also subject to an annual review into their effectiveness in meeting all aspects of the residents' needs such as health care, social activities and personal goals. Residents were actively involved in the assessment of their plans and attended annual review meetings along with their representatives and any associated multi-disciplinary professionals. Residents' involvement was further assisted through the availability of an accessible version of their personal plan known as their 'Book About Me', which clearly showed how they could expect their needs to be met by staff.

The centre's governance arrangements protected residents from the risk of harm, with arrangements in place for the reporting of accident, incidents and safeguarding concerns. Staff received regular training in safeguarding vulnerable adults from abuse and their knowledge and practices reflected current developments in health and social care. In addition, residents were made aware of how to keep themselves safe and report any concerns through access to easy read information displayed throughout the centre and discussions in regular house meetings. Residents told the inspector that they were happy and felt safe at the centre. However, they also said that if they were unhappy with any aspect of the care they received, they would have no reservations in telling either a staff member or the person in charge. The provider had further improved safeguarding arrangements at the centre following the last inspection, with the introduction of more robust measures to protect residents' finances which included regular audits by staff, the person in charge and the provider's administrative staff.

In addition to effective measures to safeguard residents from abuse, the provider ensured that procedures were in place to ensure residents safety in the event of an emergency such as an outbreak of fire. Appropriate fire equipment was installed at the centre which was subject to both regular internal checks and scheduled servicing arrangements with external contractors to ensure it was in good working order. The provider conducted regular fire drills to ensure the effectiveness of both the centre's overall emergency plan and residents' individual emergency plans. Regular drills also ensured that both residents and staff were knowledgeable on actions to take in the event of an evacuation which was further reinforced by regular fire safety training for staff.

Residents participated in a range of activities at the centre and in the local community which reflected their assessed needs and interests. Activities enjoyed by residents included visits to places of interest as well as attending dinner dances and the local cinema. Residents were also supported to attend their day services while at the centre, which they enjoyed. In addition, to enjoying social activities, residents were actively encouraged by staff to make decisions on the day-to-day running of the centre. Residents told the inspector that in their regular weekly house meeting they decided the centre's weekly menu and planned social activities. Residents also told the inspector that the meetings were used to inform them about their rights as well as health and safety arrangements at the centre. In addition, to attendance at house meetings, the inspector observed that the provider had a range of accessible information to further inform residents of their

rights such as how to make a complaint, keeping safe and the accessing of advocacy services. Residents were also supported by staff to express their constitutional rights, with residents achieving personal goals such as casting their vote in referendums and elections.

Regulation 13: General welfare and development

Staffing arrangements and appropriate resources at the centre ensured that residents were able to achieve their personal goals and access a range of activities which reflected their interests and choices in the local community.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements were subject to regular review into their effectiveness and where required additional risk control measures were implemented to safeguard residents from harm.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that appropriate measures were in place for the detection, warning and containment of fire. In addition, through training opportunities and participation in regular fire drills, both residents and staff were knowledgeable on how to safely evacuate the centre in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider's medication practices ensured that medication was securely stored and administered as prescribed to residents by suitably qualified staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were regularly reviewed and updated which ensured a consistency of approach by staff in meeting residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were supported by staff daily at the centre with recommended interventions being detailed in their personal plans. Residents were also supported to access health care professionals as and when required.

Judgment: Compliant

Regulation 8: Protection

The provider's safeguarding arrangements ensured that residents were protected from the risk of abuse and that staff knowledge was kept up-to-date through access to regular training opportunities.

Judgment: Compliant

Regulation 9: Residents' rights

Residents actively made decisions about the day-to-day running of the centre. In addition, through regular house meetings and the availability of accessible information, the provider ensured that residents were aware of their rights and how to express them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant