



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:	Short Notice Announced
Date of inspection:	14 April 2021
Centre ID:	OSV-0002647
Fieldwork ID:	MON-0031813

About the designated centre

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

This service is based in a domestic style two-storey property in a housing development located just on the outskirts of the busy town that offers a broad range of services and amenities. Residential services are provided to a maximum of four residents, the model of care is social and a staffing presence is maintained in the house at all times. The provider aims to support residents in a safe environment that is home to the individual and where they are valued and respected, where a good relationship between staff, residents and their families is fostered and in which significant people in each resident's life remain welcome and closely involved. A process of person centred planning promotes service users goals and aspirations and service users are encouraged and supported to achieve their potential. This includes maximising independence both inside the home and within the community in which they live up to the point where residents can if they wish move onto more independent living accommodation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 14 April 2021	09:30hrs to 16:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

On the day of inspection the inspector had the opportunity to meet with the four residents who resided in the centre. The residents were very articulate and were enthusiastic about telling the inspector their experiences and views of the service provided in their home. They spoke very positively regarding the staff and person in charge who supported them. One resident had a hearing and visual impairment and their peripheral vision was impacted. The resident could with assistance from the person in charge make their views and feelings known to the inspector through the use of Irish Sign Language (ISL) and use of technology. The resident made it clear that they were happy in the centre and felt safe.

One resident with whom the inspector spoke, discussed where they had resided previously. They outlined the differences in the support they receive now as opposed to then and talked about how it had changed for the better. The spoke about doing courses and how they might live independently in the future. The residents spoke about how difficult they find the lock down but that they understand why they cant go certain places at the moment. The residents were well informed around COVID 19, advocacy and rights and felt that there rights were being upheld in the centre. They said they were treated with respect by the staff in the centre and spoke highly of several staff who were supporting them to go for walks and drives and to day service etc.

One resident had been preparing a going away gift for a staff member and had made a poster and card. This resident was also involved in the day service newsletter and in the service advocacy group.

A resident who had recently transitioned to the centre appeared to be settling in well and seemed comfortable in their home but did not want to speak with the inspector although was very happy with the inspector being in their home.

All residents said that they received good support and said that the staff were very kind to them. Throughout the inspection the staff were very respectful of the residents and were very skilled at encouraging the residents to be independent. The centre was warm and clean and was very homely. The residents bedrooms were decorated beautifully in line with their personal taste. The centre was decorated with the residents belongings, personal items and photographs. There was a lovely atmosphere throughout the day and the residents were very welcoming to the inspector.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe, appropriate to their assessed needs and consistently and effectively monitored. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents' assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the resident and with the statement of purpose. The inspector reviewed the actual and planned rota which indicated continuity of care from a core staff team. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents' assessed needs. For example, a staff member had spoken to the residents in advance of the inspection to ensure the residents were fully aware and did not experience any anxiety around the inspector visiting.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training. It was noted by the inspector that there was significant training completed by staff in relation to protection against infection. The staff had completed Hand Hygiene Training, Breaking the Chain of Infection, Personal Protective Equipment and Infection Prevention and Control Training. However, there was one resident who used Irish Sign Language to communicate and there was only one person on the team who had a small amount of ISL training. The resident engaged with the local services for hearing impaired people and had a very positive relationship with them. These services provided someone to translate for the resident regularly at MDT etc; however, there was a requirement for the support staff to be trained in the use of ISL. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, medication management, positive behaviour management and fire safety.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in November 2020 and a review of the quality and safety of service was carried out in June 2020. This audit included residents' views, family views, and also reviewed Governance and leadership, staffing, risk management, safeguarding and general welfare and development. Some areas identified for review were: the person in charge was to undertake a medication audit and support plans were to be updated. These audits resulted in action plans being developed for quality improvement and actions identified had been completed or were in the process of being completed. The provider had also undertaken a 'Rehabcare Experience Survey' which highlighted positive experiences of residents and their families.

There was an effective complaints procedure in place in an accessible format. It was noted that complaints were mostly resolved locally and were resolved to the

satisfaction of the complainant. There were no open complaints at the time of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had an actual and planned rota which was in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training in line with regulations. However training in ISL was required for staff to communicate with one resident.

Judgment: Substantially compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were carried out.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The provider had ensured that there was a comprehensive needs assessment in place for the residents. The assessment of needs included review of the residents' behaviour support needs. This included a functional analysis and positive strategies for the staff to implement. The support plan gave clear guidance for staff on how to

support the resident. The staff were able to tell the inspector of the supports and strategies put in place for the resident and how they were implementing such supports.

The person in charge had ensured that the resident who transitioned into the service recently received appropriate support in the form of a comprehensive transition support plan and video calls to meet other residents etc. This ensured that the transition went smoothly for the resident and that they had realistic expectations of the transition. On the day of inspection this resident appeared very comfortable in the centre and had settled in well.

One resident had written their own personal profile and support strategies in their care plan. It was very personal and gave clear guidance on the strategies to be employed when they required support in areas such as money management or personal care.

The person in charge had ensured that the residents were assisted and supported to communicate in accordance with their needs and abilities. The residents had access to television, Internet and tablet devices in order to shop online etc.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs and their wishes. The residents were very active in their local community. They utilised local shopping centres, local amenities such as parks, went for walks and drives. On the day of inspection one resident went out to day service, they had taken a taxi, another resident went for a walk and some shopping.

Overall the health and well-being of the residents were promoted in the centre. Staff demonstrated a good knowledge of the residents health care needs and how to support them. For example the inspector noted one resident was receiving support with weight loss to improve their overall health and received support from staff around meal planning and exercise. The residents had support with specialised diets and also were supported to access their GP and other health care professionals.

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. The centre was a modern building which was clean and warm and personalised throughout with the residents belongings and photographs. The residents bedrooms were personalised to their individual tastes.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. The person in charge had ensured that the risk control measures were proportional to the risk. In this sense the residents were still able to engage in activities such as walks, drives and day service. Staff were observed to wear masks and practice appropriate hand hygiene during the inspection. There was a COVID-19 policy statement and risk assessment in place as well as temperature checks for staff and resident, enhanced daily

cleaning and a contact tracing log. There was adequate supply of personal protective equipment in the centre and hand sanitizer while all staff were trained in infection prevention and control.

The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which were carried out monthly and found that they indicated that the residents could be safely evacuated in 40 seconds. Personal egress plans were in place for both residents. Fire doors were in place and the automatic magnetic closers were placed on doors.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with a staff member regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

Regulation 10: Communication

The provider had ensured that the residents were supported to communicate in accordance with their needs. Training in ISL is actioned under Regulation 16.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the resident received appropriate care and support in accordance with assessed needs and their wishes.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the resident.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that the resident who transitioned into the service recently received appropriate support.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a assessment of the residents needs had been completed.

Judgment: Compliant

Regulation 6: Health care

Overall the health and well-being of the resident was promoted in the centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured every effort was made to identify the function of behaviours that challenge and supports were provided where necessary.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tralee Accommodation Service OSV-0002647

Inspection ID: MON-0031813

Date of inspection: 14/04/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Irish Sign Language training has been scheduled to commence on the 14th June 2021 and will be completed by 31st July 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2021