



Office of the Chief Inspector

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

Name of designated centre:	Tralee Accommodation Service
Name of provider:	RehabCare
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	30 April 2019
Centre ID:	OSV-0002647
Fieldwork ID:	MON-0025906

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.

Current registration end date:	31/03/2022
Number of residents on the date of inspection:	3

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
30 April 2019	10:30hrs to 16:30hrs	Mary Moore	Lead

Views of people who use the service

Residents spend much of their day out of the centre; the inspector met briefly with two residents when they returned to the house in the afternoon. One resident was getting ready to leave again as they had plans to go for coffee and a chat with the person in charge. Residents spoke of how they had spent their day, their plans for the summer and their hopes such as gaining employment, moving on to more independent living and the support that they had in relation to pursuing these objectives.

Communicating verbally was not all residents' primary means of communication and through gesture and manual signing residents communicated that they were happy in general with life.

Capacity and capability

The inspector found that this centre was effectively governed and resourced so as to achieve the stated aims of the service; the appropriateness, quality and safety of the supports provided to residents was consistently monitored by the provider both through structured scheduled reviews and in response to changes such as changing resident's needs.

The management structure was clear; there was clarity of individual roles, responsibilities and reporting relationships. As well as the management structure within the centre itself the person in charge described the structures that the provider had to support effective governance and consistent oversight. These included formal meetings with direct line managers and senior management to discuss the provision and operation of services, regulatory requirements and actions necessary to bring about improvement, consistency and shared learning. Matters of relevance were fed-back to frontline staff by the person in charge.

The provider had established procedures for undertaking the unannounced reviews of the quality and safety of the service as required by the regulations. The purpose of these reviews is to self-identify good practice, where improvement is required and the action necessary to bring about this improvement. The inspector reviewed the reports of the two most recent reviews and saw that feedback was sought from residents, their representatives and staff; this feedback was consistently positive. Actions did issue many of which were documentary in nature. Based on the sample of actions followed-up on by this inspector the actions had been completed; for example a review of the suitability of fire-resistant door-sets had been required and was completed. The level of compliance identified by reviewers was generally

satisfactory and the follow-through on the action plan as evidenced by this inspector provided assurance that the reviews led to change, improvement and standardisation of practice in the centre.

The inspector saw that residents enjoyed a high level of independence in their routines and daily lives; however a staffing presence in the house was maintained at all times. The inspector found that this staffing presence was necessary to safely support the level of independence that residents enjoyed and to provide the support needed at times in response to resident's physical and psychological needs. A small group of regular staff worked in the centre (there was one staff on duty at any one-time); this provided for consistency, familiarity and the trust that was evident between staff and residents.

The inspector reviewed staff training records and found that all staff had completed mandatory training such as safeguarding, responding to behaviour that challenged and manual handling. Staff had also completed additional training that was directly relevant to their role and the assessed needs of residents; for example the administration of medicines including rescue medicines, first aid, health and safety and supporting mental health wellness and recovery. There was evidence of reflection and openness to further learning and improvement; for example a review of staff responses and strategies for coping with crisis events was planned with the behaviour therapist.

The inspector was advised that there were no open complaints; this would concur with other records seen such as the provider review mentioned above; the provider review monitored the adequacy of the receipt and management of complaints. The inspector did review records of resolved complaints and saw that complaints were responded to in a timely manner and in an informal way; complainants were advised of the actions taken on foot of their complaint; staff said that good communication was pivotal to both preventing and resolving complaints. At verbal feedback of the inspection findings the inspector did however recommend that the management of any complaint not made by a resident but relevant to them and the support that they received, should clearly reference consultation with the resident, their consent and satisfaction at matters raised on their behalf.

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre. The person in charge had other areas of responsibility and was mindful of her responsibility in consultation with the provider to ensure that each area was effectively operated and managed. The person in charge had sound knowledge of residents and their needs and of the operation of a designated centre.

Judgment: Compliant

Regulation 15: Staffing
Staffing levels and arrangements were appropriate to the residents needs. Residents received continuity of support from a team of regular staff.
Judgment: Compliant
Regulation 16: Training and staff development
Staff had access to appropriate training including refresher training.
Judgment: Compliant
Regulation 23: Governance and management
The centre was effectively and consistently governed so as to ensure and assure the delivery of safe, quality supports and services to residents. The provider had effective systems of review and utilized the findings of reviews to proactively inform and improve the safety and quality of the service.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
The contract for the provision of services as agreed with each resident while current was not totally an accurate reflection of the services provided or not provided or of the payment structure for them.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The provider kept the statement of purpose (a record required by the regulations

that sets out information such as the stated aims and objectives of the service) under review and revised it as needed to reflect any changes such as changes to the governance structure.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was accessible and utilised; feedback was sought from residents and their representatives. The management of complaints was monitored, for example during the six-monthly provider reviews, to ensure that they were appropriately and effectively managed.

Judgment: Compliant

Quality and safety

As discussed in the first section of this report this service was effectively governed to ensure that residents received a safe quality service that was individualised to their needs. In addition as will be discussed in this section of the report the ongoing assessment of residents' needs, the response to these changing needs and the understanding of responsible and positive risk-management underpinned the appropriateness and safety of the support provided to residents.

The staff team was established; staff spoken with had a solid understanding of each resident's uniqueness, their strengths, abilities and areas where they needed support. The inspector reviewed an example of records used to record the assessment of needs and the plan of support that evolved from this assessment. The inspector saw that residents were consulted with, participated in and agreed to the care and support provided by staff. The care and support provided was dynamic and changed as residents need for staff support changed. At times this need increased but this increased support was withdrawn once residents were well again; this provided assurance that residents received the support that they needed in times of need but independence and control was restored in a measured and monitored way.

In addition to the review of the support provided as discussed and agreed between staff and residents, there were formal systems of review such as the annual review of resident's personal goals and objectives and the annual multi-disciplinary review of the effectiveness of the overall care and support provided; again residents and if appropriate their representatives were present and central to these reviews.

In general though the need for support from staff fluctuated at times, residents

enjoyed a high level of control, choice and independence in their daily lives and had strong community links. Each resident in response to their individual choices and needs attended resource programmes and further education much of which was coordinated and facilitated by the providers local resource centre. There was evidence of a collaborative approach between staff in this centre and residential staff in supporting residents to achieve personal goals and objectives. While residents lived compatibly together, staff reported and the inspector saw that they lived individualised lives with their own chosen peer and support networks outside of the centre.

Fundamental to safely supporting this level of choice and independence and achieving a reasonable balance between resident autonomy and the provider's duty of care was proactive, positive risk identification and management. The inspector reviewed a purposeful example of risk assessments and was satisfied that this balance was achieved; control measures were implemented that were discussed and agreed with residents and that did not place unreasonable restrictions on residents lives but rather supported resident independence while keeping them safe. There were agreed protocols and procedures, for example for social events with peers; again the objective was striking that balance between resident safety and independence.

In addition to these controls residents were supported to develop the knowledge, awareness and skills that they needed to keep themselves safe. Residents attended formal safeguarding programmes such as the safe use of social media. Records seen indicated that residents did speak to staff if they were concerned or worried for their safety; staff responded in a reassuring manner but also in line with the provider's policies and procedures.

Much of the support needed and provided to residents was in reality staff being available, accessible and supportive to discuss concerns, worries and plans, provide reassurance, guidance and supervision and respond more actively if and when greater support was needed by a resident.

The collaborative approach to support and care was also reflected in how the provider ensured that it had the arrangements needed to support resident well-being. Residents had access to the healthcare and support services that they needed; residents co-ordinated much of this care themselves but in consultation with family and staff. Communication with and consent from residents ensured that staff had the information that they needed; the support needed from staff to maintain well-being was included in the support plan, was discussed and agreed with residents. Notwithstanding the independence enjoyed by residents, staff maintained good records of appointments, reviews and treatment regimes.

The approach to medicines management was flexible; the level of support provided by staff fluctuated and was informed by resident choice, compliance, changing needs and ultimately risk assessment and resident safety. Staff completed training in the safe management of medicines and maintained records that accounted for the management of medicines; for example staff maintained a record of each medicine administered by them. Medicines were supplied by a community based pharmacist

who was known to and familiar with each resident. The inspector did note a possible anomaly between one prescription and administration record but this was clarified and addressed during the inspection; the medicine was administered as prescribed.

The provider had fire management systems and the provider itself reviewed their effectiveness. For example the inspector saw that an internal query had been raised in relation to the integrity of fire-resistant door-sets; this query had led to a practical review and some minor repairs. Other fire safety measures such as the fire detection system and fire fighting equipment were inspected and tested at the required intervals; staff also completed visual inspections and tests in the interim. Staff undertook regular simulated evacuation drills with residents and good evacuation times were achieved. Residents were supplied with devices appropriate to their sensory needs to alert them to the activation of the fire detection system. The inspector did note that there was some storage of unsuitable products under the stairwell. Also it was unclear if all staff had attended fire safety training and what the content of the training was. All of these findings and queries were satisfactorily addressed during the inspection.

Regulation 10: Communication

Staff were aware of specific communication requirements and ensured that residents were supported to communicate effectively; for example the use of an interpreter for professional consultations and reviews. Staff and residents in addition to manual signing used assistive tools to support effective communication. The requirement for and benefit of further assistive technology and aids, for example the possible use of a guidance dog, were under consideration as part of the overall plan of support.

Judgment: Compliant

Regulation 13: General welfare and development

Each resident had opportunity for exploring new experiences, social participation, recreation, education, training and employment. This was determined by individual needs, abilities, interests and choices. The inspector found that residents were enabled to lead their lives in as fulfilling and independent a way as possible while afforded safety and security by the provider. Residents were facilitated to develop and maintain family and personal relationships and social networks in accordance with their wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management policies and procedures and risk assessments were in place for dealing with situations where resident safety may have been compromised. The approach to risk management was individualised and dynamic and supported responsible risk taking as a means of enhancing quality of life while keeping residents safe from harm.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that there were effective fire safety management systems in place including arrangements for the safe evacuation of residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were encouraged and supported to take responsibility for their own medicines. Where staff did provide support staff adhered to the procedures for the safe administration of medication; medication was administered as prescribed. Records were kept to account for the management of medicines including their administration.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their abilities, choices and needs and outlined the support required to maximise their well-being, personal development and quality of life. The plan was developed, reviewed and amended in consultation with the resident, their multi-disciplinary supports and their representative as appropriate.

Judgment: Compliant

Regulation 6: Health care

Staff in consultation with residents and healthcare services assessed, planned for and monitored residents healthcare needs. Discussion, understanding, agreement and consent were fundamental to ensuring that residents enjoyed good-health. Each resident has access to the range of healthcare and support services that they required.

Judgment: Compliant

Regulation 8: Protection

There are policies, procedures and protocols for ensuring that residents were protected from all forms of abuse. Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to safely exercise independence, choice and control in their daily lives. The provider respected resident capacity to make decisions; residents were supported to make good and informed decisions. Different levels of support were provided in accordance with individual needs and choices and changes in these needs and choices.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
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

Compliance Plan for Tralee Accommodation Service OSV-0002647

Inspection ID: MON-0025906

Date of inspection: 30/04/2019

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The Contract of Care has been updated and amended to reflect the support services provided in Tralee Accommodation Service under Regulation 24. Each resident has been provided with and signed a copy of the Tralee Accommodations Service Contract of Care May 2019 which has been kept on their individual files</p> <p>This Action has been completed on the 08/05/19</p>	

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	08/05/19