



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

Name of designated centre:	Castlebar Supported Accommodation
Name of provider:	RehabCare
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	15 March 2018
Centre ID:	OSV-0002672
Fieldwork ID:	MON-0020972

## About the designated centre

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

Castlebar supported accommodation provides a full-time residential service to four residents for 48 weeks per year. The centre is located in a large town in Co. Mayo and is central to the local amenities in the town. There are two females and two males using this service, and all residents have a mild learning disability and may also have a physical disability. The house consists of a large two-storey detached building in a housing estate in the town. Residents are supported by one social care staff morning and evening and staff sleepover at night. The house also has an apartment attached to the house, where one individual lives, who has transitioned out of the service. This apartment is not registered with HIQA and staff do not provide support to this individual.

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

Current registration end date:	14/04/2019
Number of residents on the date of inspection:	4

## 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
15 March 2018	09:00hrs to 17:00hrs	Thelma O'Neill	Lead

## Views of people who use the service

On the day of inspection, the inspector met with three of the residents in this centre and they were very complimentary of the service provided and staff supporting them and told the inspector that they were happy living in this centre. The residents also told the inspector about the day to day services they received in this centre and that they were independent in accessing the local day services and community amenities on a daily basis, or as they wished.

## Capacity and capability

The inspector found the capacity and capability of the provider to deliver a safe and quality service was good, and the registered provider and the person in charge had demonstrated effective leadership in ensuring that a good quality and safe service was provided to the residents in this designated centre. However, improvements were required in some areas to ensure full compliance with the regulations.

There was evidence that a person-centred service was being delivered. There was a competent workforce and adequate resources to meet the needs of the residents. The management team had quality assurance systems in place to determine if the service delivery was compliant with the Regulations. Residents told the inspector they were very happy in this centre, staff were good to them and supported them when required. Some improvements were required in implementing annual audits, policies and procedures around the management of residents finances, contracts of care and statement of purpose.

There were systems in place to ensure appropriate leadership and oversight of the services provided to residents in this centre. A range of quality assurance audits were completed by the person in charge and the provider representative; such as, care practice audits, medication audits, environmental audits and six-monthly unannounced audits of the service. These reports included areas where good practice was found and areas where further improvement was required. Where further improvement was required, these actions had been addressed.

However, the inspector found that an annual review of the service by the provider had not been completed since 2015 and this is a regulatory requirement. The inspector also found the policy on managing residents finances did not include procedures for staff on how to manage household expenses or residents finances. This led to inappropriate practices in managing residents personal possessions.

The person in charge was responsible for the operational management of the centre and demonstrated good leadership in her role. She worked full-time and was

found to have sufficient knowledge of the legislation and her statutory responsibilities. The person in charge was responsible for this designated centre and the day service and was supported in her role by a team leader.

There was a written statement of purpose in place, but it required review as it did not include the conditions of registration which is a requirement of schedule one of the regulations.

The inspector found there were adequate staff resources to meet the assessed needs of residents. There was a planned and actual staff rota in place which showed continuity and consistency of staff was maintained by a core staff team. Staffing allocation was based on the individual needs of the residents admitted to the centre and at night staffing included a sleepover staff. A sample of staff files was reviewed, and found to contain all the information required in Schedule 2 of the regulations.

#### Regulation 14: Persons in charge

The person in charge worked full-time in this centre and had the qualifications and experience required for the post.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector found that the registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents, the statement of purpose, and the size and layout of the designated centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had received all of the required training to meet the needs of the residents.

Judgment: Compliant

#### Regulation 23: Governance and management

There was a clearly defined management system in place in this centre, and residents were receiving a good quality service. However, improvements were required to the governance and management of the centre.

An annual review of the service had not been completed by the provider since 2015.

The provider also failed to identify the the needed to improve the management of residents finances in the centre.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

The inspector found the provider had implemented a transitional plan for a resident recently admitted to the centre.

The inspector also reviewed two residents' service level agreements and found the agreements in place did not reflected the current charges residents were paying for service provision in the centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose; however, it did not include the conditions of registration as set out in Schedule 1 of the Regulations.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The registered provider had a complaints procedure for residents, which was in an accessible and age-appropriate format and included an appeals procedure.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider had all of the Schedule 5 policies available on the organisations website, and all staff had access to this website as required. However, the policy on managing residents' personal finances failed to guide staff how to effectively manage residents' money and household expenses and how to securely manage money in the centre.

Judgment: Substantially compliant

## Quality and safety

The experience of residents living in the centre was generally positive; however, the provider was not ensuring that there were effective measures in place to respond to behaviour that challenges and the management of residents finances.

The centre was sufficiently resourced, had competent well-trained staff and had systems in place to ensure a good service delivery for residents. Residents using the service confirmed this to the inspector on the day of inspection and were very complementary of the quality of services provided.

The inspector found that the resident's healthcare needs were met and arrangements were in place to support the resident to receive services to enjoy best possible health. Residents' social care goals were clearly identified in their person-centred plans and they were supported to achieve their goals and visit the local community on a regular basis. Risk management systems were effective and residents were supported to manage their medications.

However, improvements were required in positive behaviour support for self injurious behaviour. The inspector also found that access to positive behaviour support specialists or psychology services was limited.

A record was maintained of all income and expenditure of resident's money; however, the inspector found the provider was using a monthly household benefit awarded to a resident without the resident's consent.

The inspector also found that management of household expenses in the house required review, as they were not robust and did not ensure safe financial management practices were in place.

## Regulation 12: Personal possessions



Resident's were being supported by staff to manage their personal finances and possessions in the centre. However, improvements was required in the management and charges to residents for household expenses, the day-to-day management of residents money and securing residents' consent in the use of their money.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The registered provider ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre. There were adequate arrangements for maintaining all fire safety equipment, testing fire equipment and staff were trained on fire safety management and safe evacuation procedures. The provider had also ensured there were adequate means of escape in the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the residents individualised health needs had been developed for each resident. The inspector found that some residents with

significant healthcare needs had their conditions recorded in their health care assessment or care plan. This ensured that staff were responding effectively to the residents specific healthcare needs.

Judgment: Compliant

### Regulation 6: Health care

Residents also had access to healthcare professionals as required. The inspector found residents healthcare issues were generally managed by the resident themselves, or with the support of staff if required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Positive behaviour support in this centre was not adequate, to support staff manage behaviours of concern in the centre. The inspector found one resident did not have an up to-date behaviour support plan in place following an increase in the number of incidents of behaviour that challenges.

Judgment: Not compliant

### Regulation 8: Protection

Each adult was protected from abuse and their safety and welfare was promoted.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not 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 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Castlebar Supported Accommodation OSV-0002672

Inspection ID: MON-0020972

Date of inspection: 15/03/2018

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p><b>Background</b></p> <ul style="list-style-type: none"> <li>• There is an operational management structure in place to ensure there is oversight of all elements of service provision. The PIC supported by the Team Leader has responsibility for running the service on day to day basis. The PIC reports to a regional Integrated Services Manager.</li> <li>• The provider has systems in place to ensure an annual review and unannounced six monthly visits take place in the service.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• The Provider will ensure that an Annual Review of the service will be complete by 18/06/2018</li> <li>• A system is in place to ensure subsequent reviews will be scheduled within the 12 month timeframe.</li> </ul>	
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><b>Background</b></p> <p>The organisation’s Admissions Policy provides guidance for any admissions into designated centres. On admission to a designated centre each resident or their representative is provided with a Contract of Care which details the supports they will be provided with and outlines any financial contributions that they will be required to make towards rent and bills in the service.</p>	

**Actions**

- All Residents contracts of care have been reviewed by and amended to reflect current charges for rent, bills etc. in the service. This was complete on 23/03/2018.
- Contributions were explained to residents and once satisfied they signed the contract to indicate their agreement with the contract. This was complete on 23/03/2018
- Supporting financial recording reviewed and implemented:
  1. Templates for recording expenditure and how divided in place
  2. Details of Household Package SW payment received recorded on templates as above.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

**Background**

A Statement of Purpose and Function is in place for the service, which reflects the current service provision. The PIC reviews the Statement of Purpose annually or more frequently as required.

**Action**

- Conditions of Registration as set out in Schedule 1 of the regulations have been inserted. This was complete on 23/03/2018

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

**Background**

- The organisation's Policy on Policies requires that all organizational policies are reviewed at minimum every 3 years. A plan is in place to ensure all Schedule 5 policies are reviewed in line organizational guidance and on three yearly basis or more frequently as required thereafter.

**Action**

- The organisation's policy on Service User Finances is currently under review and is expected to be circulated for implementation by 30<sup>th</sup> June. This will guide staff how to effectively manage residents' money and household expenses and how to securely manage money in the centre.
- As an interim action processes within the service have been reviewed and changes implemented to ensure household expenditure is transparent and clear. This was completed on 23/03/2018

Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p><b>Background</b></p> <p>The organisation's policy on Service User's Finances guides staff practice in terms of supporting residents with their finances and ensuring their personal possessions are kept safely.</p> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• The organisation's policy on Service User Finances is currently under review and is expected to be circulated for implementation by 30<sup>th</sup> June. This will guide staff how to effectively manage residents' money and household expenses and how to securely manage money in the centre.</li> <li>• As an interim action processes for the management of household expenses and day to day management of resident's finances have been reviewed and changes implemented to ensure all expenditure is transparent and clear. This was completed on 23/03/2018</li> </ul>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p><b>Background</b></p> <ul style="list-style-type: none"> <li>• The organisation's Positive Behaviour Support Policy guides staff practice when supporting Residents in this regard. Organisational policy requires that all staff must complete a 2-day MAPA Foundation course and an annual refresher thereafter throughout their employment with RehabCare. This training equips staff with the skills required to support Residents who experience behaviours that challenge.</li> <li>• Where necessary behaviour management plans are put in place to guide staff practice. Staff are knowledgeable and competent in the implementation of these plans. These plans are periodically reviewed and monitored to ensure they are meeting the needs of the Resident.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• All staff to attend MAPA training, this will be completed by 27/06/2018</li> <li>• Psychologist will begin supporting the Resident who is experiencing behaviour that challenges. A Behaviour Management Plan will be developed in consultation with the Resident, this will be completed by 01/06/18</li> </ul>	

## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	Completed on 23/03/2018
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	18/06/2018
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the	Not Compliant	Orange	Completed 23/03/2018



	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.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	Completed 23/03/2018
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/06/2018
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	08/06/2018