



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:	Announced
Date of inspection:	21 November 2018
Centre ID:	OSV-0002672
Fieldwork ID:	MON-0021720

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 one male using this service and there is one vacancy in the centre. All residents have a mild learning disability and one resident also has a physical disability. The service consists of a large two-storey detached building in a housing estate in the town. Residents are supported by one social care staff member in the morning and the evening with a staff sleepover at night. The centre also has an apartment attached to the side of the house, where one individual who has transitioned out of the service lives; however, 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.

Number of residents on the date of inspection:	3
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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
21 November 2018	10:30hrs to 19:00hrs	Thelma O'Neill	Lead

Views of people who use the service

The inspector met with two of the three residents using this service and both residents were complementary of the service they received. The two residents told the inspector about their daily routines and work schedules and the activities they liked to do in the evenings and at weekends. The residents told the inspector that they were very happy living in this centre and that staff were good to them. They told the inspector how they had opportunities to make decisions about their lives and how staff supported them in making these decisions.

Capacity and capability

On this inspection, the inspector found the provider had effective operational management arrangements in this centre. This residential service had effective leadership, governance and management arrangements in place and clear lines of accountability. The provider, person in charge and person participating in the management (PPIM) operated the centre in a person centred manner and the inspector observed some good practices over the course of this inspection.

As part of the governance and management arrangements of this centre, the provider had appointed a person in charge for the centre, who had an active presence in the centre. Safeguarding and risk management procedures were in place and all staff had a clear understanding of the process and procedures in place to protect residents in the centre.

The inspector found residents' care and support needs were well monitored and reviewed. The provider completed annual reviews and six monthly unannounced audits of this centre, to ensure key practice areas such as health and social care, resident finances, medicines management, health and safety, risk and safeguarding were adhering to their policies and procedures and to the regulations. Areas where improvements were required were actioned and were addressed by the person in charge.

Residents' quality of life was found to be to a high standard, and residents confirmed this to the inspector.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation, required for the designated centre's registration, was submitted and completed in line with the regulations

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had been appointed to this role since the last inspection. She worked full-time and managed this service as well as a local Rehabcare day centre. She had the required qualifications, skills and experience necessary to manage the designated centre. She was very knowledgeable regarding the individual needs of each residents.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of staff working at this centre was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received the required training to ensure they had the skills and capacity to attend to the residents' care and support needs.

Judgment: Compliant

Regulation 21: Records

The provider had maintained records of the information and documents required in relation to staff as specified in Schedule 2, 3 and 4 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that there was a contract of insurance against injury to residents and against other risks in the centre, including loss or damage to property. This document was made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There was effective governance, leadership and management arrangements in place to govern this centre. The person in charge had implemented good governance arrangements, including managing the staff team and their daily work routines and ensured there were robust systems in place, such as audits, staff supervision and management meetings. This ensured that the service was provided in line with residents' needs and as described in the statement of purpose. The person in charge was supported by the senior management team who had regular operational governance meetings to monitor service delivery in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The service level agreement had been reviewed and updated since the last inspection. Residents' and their family members (where appropriate) now had a clear written agreement which set out the terms and conditions of the service provided and clearly outlined the fees applicable.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose as set out in Schedule one of the Regulations. The statement of purpose described the service being provided to the residents and was also regularly reviewed and updated.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring was maintained in the designated centre. The person in charge had submitted written reports to the chief inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in this centre. The registered provider had an effective complaints procedure for the residents, which was in an accessible and age appropriate format.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule five policies and procedures were in place and updated.

Judgment: Compliant

Quality and safety

The inspector found this was a well-managed and safe service and the provider had measures in place to ensure there were robust quality and safety procedures in place in this centre. However, there were two areas that required improvement to meet the regulations. These related to privacy and dignity issues and fire safety management.

The inspector found that there was good management of risks in this centre. The risk management practices were in line with the organisational policies and procedures and staff were able to demonstrate to the inspector that there were effective risk management procedures in operation in the centre. These measures assured the provider that the safety of the residents was promoted in the centre and consistency of care was maintained to a good standard.

The inspector found the policies and procedures in place in this centre had ensured that residents' well-being was promoted at all times and that they received a good quality service. Residents' received person centred care and support that allowed them to enjoy activities and lifestyles of their choice. There was evidence that the residents actively participated in their local community and were supported to do so by a structured and varied plan of activities.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training for staff in the in the centre. However, the inspector found that the fire alarm system and fire panel had been replaced and located in the utility room , which placed residents and staff at risk in the event of a fire, as they could not view the location of the fire without going into the two high risk areas to access the fire panel.

The management team had taken measures to safeguard residents from being harmed or experiencing abuse. There was a safeguarding policy in place and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect. There were no concerns reported at the time of inspection.

Weekly house meetings were held in the centre and this provided residents with the opportunity to express their views and preferences. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis and this was evident in the minutes of house meetings and from discussions observed during the inspection.

Personal planning arrangements ensured that each residents' needs were subject to regular reviews both annually and more frequently if required. Residents' personal plans were also formulated in an accessible version to increase residents' knowledge and understanding of their own goals for the coming year. The personal planning process ensured that sufficient supports were in place to assist residents in achieving their chosen goals.

The provider had ensured that residents had access to medical services to ensure that they received a good level of healthcare. All residents had access to allied health professionals including their general practitioner, who completed annual healthcare checks for each resident. Plans of care for good health were developed for residents, which identified their specific care needs and these needs were addressed as required.

One area of concern was a privacy issue which related to an internal access point from the apartment into the house, via the utility room. The individual who lived in the apartment was not part of this designated centre and was living independently with support in the apartment. However, they had unrestricted access from the apartment into the house and this impacted on the residents privacy and dignity in the centre, as a visitor could enter the house at any time without permission or consent of the tenants.

Regulation 11: Visits

Residents living in this centre frequently received visits from family members. There was a place for family to meet privately and there were no restriction on visiting time.

Judgment: Compliant

Regulation 12: Personal possessions

Improvements were made to the recording of residents finances since the last inspection. Residents had access to their personal possessions and retained control of their money and personal property. In addition, residents were supported to manage their finances in line with their needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were individually supported to participate in activities of their choice in accordance with their interest and capabilities. As a result the residents have increased their links with the local and wider community. The three residents attended full-time day services and transport was being provided to bring them to and from work.

Judgment: Compliant

Regulation 17: Premises

This is a large spacious two storey house, located at the front of an estate on the suburbs of a rural town in Co. Mayo. The premises was of sound construction and well maintained and suitable for the residents living in the centre. All residents had their own ensuite bedrooms and shared communal rooms.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to purchase and prepare and cook their own meals and there was sufficient food that was wholesome and nutritious available to the residents. One resident with a dietary requirement was supported to choose the appropriate foods to cook and eat.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had established and maintained a residents guide in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that risk management procedures were robust and were identified, monitored and managed effectively. These arrangements were reflected in staff practices and knowledge.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted procedures consistent with the standards for the prevention and control of health care associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had appropriate systems in place to ensure that effective fire safety measures were in place in the centre. This included staff training and appropriate fire safety equipment as well as fire evacuation procedures. However, the fire panel was located away from the main evacuation point where it would be difficult to locate the origin of the fire, in the event of a fire alarm being activated.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre, and staff who administered medication had received training in safe administration of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the involvement of each resident or their representatives had taken place. Residents' personal goals were agreed at these meetings and short-term goals were developed at six monthly intervals. These were made available to residents in a user friendly format where required.

Judgment: Compliant

Regulation 6: Health care

Healthcare plans and assessments were up to date. Residents were facilitated to access allied healthcare professional and to achieve best possible health. Most of the residents' healthcare needs were attended to by their families and information is communicated between home and the centre as required.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that each adult was protected from abuse and their safety and welfare was promoted. Residents told the inspector that they felt safe in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found the residents had privacy in relation to their personal bedrooms, however, the provider had not ensured that the residents privacy and dignity was maintained in relation to the residents living space, as a tenant living in the apartment attached to the house had free access to the house from the apartment and this apartment is not part of the designated centre.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Since the last inspection, one resident's behaviour support plan was reviewed and staff had a good awareness of of the guidelines in the resident's behaviour support plan. The inspector also found the resident's support plan was being implemented daily, which was having a positive effect for the resident and enhancing their quality of life.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Castlebar Supported Accommodation OSV-0002672

Inspection ID: MON-0021720

Date of inspection: 21/11/2018

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Background</p> <p>Within the service there are systems in place to ensure all fire equipment is serviced and in working order. Daily and weekly checks are completed to ensure exits are not obstructed etc. Each resident has an individual PEEP which identifies their support requirements in the event of a fire. A fire risk assessment is completed and regularly reviewed. Regular fire drills are facilitated to ensure there is adequate preparation in the event of a real fire.</p> <p>Actions</p> <ul style="list-style-type: none"> • Steps to be taken to ensure that the location of the origin of the fire can be seen on the Fire Panel safely. This will be completed by 14/12/2018 • A repeater panel is to be installed to enable staff to locate origin of fire from both emergency exits. This will be completed by the 14/12/2018 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Background</p> <p>RehabCare is fully committed to ensuring the rights of residents are upheld at all times. This encompasses all aspects of resident's lives and influences staff practice at all times.</p> <p>Actions</p> <ul style="list-style-type: none"> • The tenant of the adjoining apartment (not Registered) no longer has free access to the main house. The lock on the door is now only accessible from the main house and is secured at all times with only emergency access. (Key stored in Key Safe in staff office). This was completed on 22/11/2018. 	

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 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	14/12/2018
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	22/11/2018

