



Office of the Chief Inspector

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

Name of designated centre:	Sligo Supported Accommodation
Name of provider:	RehabCare
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	18 July 2019
Centre ID:	OSV-0002688
Fieldwork ID:	MON-0022492

About the designated centre

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

Sligo supported accommodation is registered to provide a residential service for four adults with an intellectual disability. Residents who use this service may also require additional supports in relation to their mental health and positive behaviour management. Two residents attend day services in the local area, while one resident receives an integrated service. A combination of support workers and community support workers assist residents during the day and there is a staff sleep-in arrangement to support residents during night-time hours. The centre is a two storey house which is located within walking distance of a large town in the west of Ireland. Each resident has their own bedroom and has access to a communal sitting room and kitchen and dining facilities. Transport is also available for residents to access their local community.

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

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
18 July 2019	09:00hrs to 14:30hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with three residents who were able to communicate their thoughts and feelings in regards to the service they received. Two residents spoke at length and they voiced their satisfaction with their access to the community and the staff who supported them. One resident showed the inspector around their home, including their bedroom which they were very proud of. There was a very homely atmosphere and residents and staff members interacted in a relaxed manner and discussed activities, their families and plans for the future. Residents told the inspector that they could approach any staff member if they had a concern and they felt confident that the staff member, or the person in charge would help them resolve it. A review of resident questionnaires indicated that there was a high level of satisfaction with the service and that residents had good access to their local communities. A family representative had also completed a questionnaire and they also complemented how the provider had responded to a resident's changing needs. Some residents did include that they would prefer a bigger kitchen and more dining space, the person in charge indicated that the provider was in the process of seeking alternative accommodation which would resolve this issue and also further promote the independence of some residents.

Capacity and capability

Overall, the inspector found that residents received a good quality service which was safe and effectively monitored.

The person in charge was in a full-time role and had a good understanding of the residents' care needs and of the service which was delivered to meet those needs. She attended the service on a regular basis and there was a schedule of audits in place which ensured that there was sufficient oversight of day-to-day care practices which was provided to residents. Residents who met with the inspector could identify the person in charge and stated that she would help them if they had any concerns.

The provider had completed a robust six monthly audit of the quality and safety of care which was provided to residents. This audit had been completed in the weeks prior to the inspection and an action plan had been generated to address any issues which were identified. The person in charge also had a good knowledge of any identified issues and they had begun addressing these issues prior to the inspection. The annual review of the centre had also occurred as required by the regulation and this document gave a good overview of the care which residents received. However, some improvements were required as this review did not clearly

demonstrate how residents were consulted in its formulation. Overall, the inspector found that the provider had good oversight of care practices and the schedule of internal and external audits assisted in ensuring that the service which was provided to residents would be maintained to a good standard.

The person in charge maintained an accurate staff rota which demonstrated that residents were supported by staff who were familiar to them. On the morning of inspection staff members were also observed to interact in a very pleasant manner and residents who met with the inspector stated that they were happy with the staff who supported them and also that they could go to any staff member, including their key worker and the person in charge if they needed help or had a concern. The provider had recruitment practices in place which ensured that all required documentation as stated in the regulations, including vetting disclosures, employment histories and references had been received which also assisted in ensuring that the safety of care was maintained to a good standard.

The provider had a complaints system in place which supported residents to raise any concerns which they may have and residents who met with the inspector stated that they were supported to make a complaint if they were unhappy with the service they received. Residents also stated that they felt assured that any complaints which they may have would be dealt with in a prompt manner. There were no active complaints on the day of inspection but, information on how to make a complaint was readily available.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre within the required timeline; however, improvements were required in regards to the floor plans which were submitted.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge was in a full-time role and had a good understanding of the residents' care needs. They also attended the centre on a regular basis and had a schedule of audits in place to ensure that care practices were maintained to a good standard.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate staff rota and a sample of staff files which were reviewed contained all required information as set out by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements assisted in ensuring that the quality and safety of care which was provided to residents was maintained to a good standard, but some improvements were required in regards to consultation with residents in the formulation of the centre's annual review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which clearly outlined the care needs which the centre could support and the facilities and services which would be implemented to meet those needs. Some minor adjustments were required to this document and the person in charge ensured that these amendments were completed subsequent to the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

There were systems in place to assist residents in making a complaint and there were two people identified to manage any received complaints. There were no active complaints on the day of inspection.

Judgment: Compliant

Quality and safety

Overall the inspector found that the arrangements which were implemented by the provider ensured that residents' safety was promoted and that they lived a good quality of life.

There had been significant improvements in the management of risks since the centre's last inspection. The person in charge was found to have a good understanding of risks which may have a direct impact on residents' safety and individualised risk assessments had been implemented to support some residents with complex care requirements. These risk assessments were detailed in nature and listed a comprehensive review system as a control measure. Records of this review system were maintained and the inspector found that this review system also promoted a resident's independence and safety. The review meetings were also attended by the resident which ensured that they were fully consulted in regards to decisions about their care.

Residents who met with the inspector stated that they were happy with their access to the local community and one resident spoke about how they really enjoyed a job they had in a local hotel. Another resident had an integrated service and they had planned a fishing trip for the day of inspection. Overall, residents had good access to their local communities and they stated that they were supported to engage in activities which they enjoyed. Each resident had a personal plan which gave good insight to their preferences and care requirements. Many aspects of personal plans were reviewed on a regular basis and residents were supported to attend annual reviews in-line with their individual wishes; however, some of residents' personal goals were not reviewed on a regular basis. Some resident's personal plans were also individually decorated, but some improvements were required to ensure that personal plans were in an accessible format.

Residents were supported to attend health care professionals in-line with their needs and there had been a comprehensive response from the provider in regards to a resident's changing needs and additional reviews by medical specialists, general practitioners and allied health professionals were implemented for some residents. Communication plans had also been revised to reflect changing needs following a significant medical event; however, some improvements were required to ensure that a comprehensive plan of care had been implemented to guide staff in the delivery of care following this event.

Residents' independence was clearly promoted with residents supported to manage their medications in-line with their individual preferences. Residents were also supported to manage their finances and there were systems in place to ensure that money which was spent on behalf of residents was appropriately accounted for. Some resident were happy to show the inspector their home and their bedroom which they were very proud of. The resident also stated that they liked to go their relax and they could lock their room if they wanted some privacy.

Regulation 10: Communication

Residents had access to media such as the internet, newspapers and television. Some residents' communication needs had recently changed and the provider had recently reviewed communication plans to reflect these changing needs.

Judgment: Compliant

Regulation 11: Visits

Residents stated that they had regular contact with their family members who visited the centre on a regular basis.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to manage their finances and could lock their bedroom if they so wished.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and well maintained. The residents had raised some issues in regards to the size of the kitchen and dining area and the person in charge indicated that the provider was in the process of resolving this issue.

Judgment: Compliant

Regulation 20: Information for residents

The provider had produced a guide for residents which detailed the services and facilities which were available. Some adjustments were required to this document

which the person in charge completed subsequent to the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the management of risks and the person in charge had implemented robust risk management plans for issues which directly impacted on the safety of residents. These plans were also comprehensive in nature and reviewed on a regular basis. Some resident's independence was also supported through positive risk taking and there was comprehensive controls measures implemented to support these practices including ongoing allied health professional reviews.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were supported to manage their own medications in-line with their individual wishes. A review of medication administration records indicated that medications were administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were comprehensive personal plans which guided staff in the delivery of care. Some plans had been personalised to reflect a resident's interest in arts and crafts; however, some improvements were required to ensure that all plans were in a accessible format for residents. Further improvements were also required in regards to the review process for some residents' identified goals.

Judgment: Substantially compliant

Regulation 6: Health care

Residents attended their general practitioner for an annual check-up and in times of illness. Residents were also supported by allied healthcare professionals when

required and there had been a comprehensive response from the provider following a significant medical event for a resident. However, some improvements were required to ensure that a comprehensive plan of care had been implemented to guide staff in the delivery of care following this event.

Judgment: Substantially compliant

Regulation 8: Protection

There were two active safeguarding plans in place on the day of inspection and the designated officer and the person in charge confirmed review dates for these plans prior to the conclusion of the inspection. Residents stated that they felt safe in their home and that they could approach any staff member if they had a concern.

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	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sligo Supported Accommodation OSV-0002688

Inspection ID: MON-0022492

Date of inspection: 18/07/2019

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Individual Personal Plans will be reviewed by the 31st August. This will include a review of personal goals and will ensure that goals identified and supports agreed will be highlighted in an accessible format for the Service Users.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Feedback received from residents and families via six monthly audits during the year running up to March 2019 will be added to the annual review, this will be completed by August 15th.</p> <p>Going forward the provider will ensure resident's views and those of their representatives are reflected in annual reviews.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Individual Personal Plans will be reviewed by the 31st August. This will include a review of personal goals and will ensure that goals identified and supports agreed will be highlighted in an accessible format for the Service Users.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Recently prescribed medication has been risk assessed. Information and support regarding the recent health changes for one Service User have been pulled together into a comprehensive draft health care plan. This will be finalised by the 6th August.</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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	06/08/2019
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.	Substantially Compliant	Yellow	15/08/2019

Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	15/08/2019
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	31/08/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/08/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	06/08/2019