



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:	Unannounced
Date of inspection:	28 January 2019
Centre ID:	OSV-0002688
Fieldwork ID:	MON-0025137

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. On the day of inspection there were three residents using this service. 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 areas, while one resident received an integrated service in which their residential and day supports were provided at the centre. 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, with appropriate cooking 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

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
28 January 2019	09:00hrs to 16:00hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with two residents on the day of inspection. Both residents voiced their satisfaction with the service which was provided and one resident spoke at length about their current life and their future plans. This resident also described how staff members support them to access their local community and how their wishes in regards to training and employment had progressed in the centre. Both residents also appeared relaxed in the company of staff members and warm and friendly interaction between residents and staff were observed throughout the inspection.

Capacity and capability

Overall, the inspector found that residents were living in a pleasant environment and that the supports which were implemented by the provider had ensured that residents were facilitated to lead a good quality of life. However, some improvements were required in regards to the management of risks in the centre to ensure that the safety of residents was promoted at all times.

The provider had produced a statement of purpose which clearly stated the service which the designated centre was providing and the supports which would be implemented to provide this service. The inspector found that overall, the service was delivered as described in this document and some minor adjustments were made to this document on the day of inspection which further reflected additional positive care practices which were occurring in the centre.

There was a management structure in place which had oversight of care practices in the centre. The centre was managed directly by a person in charge and an area manager also supported the delivery of care in the centre. The provider had completed an unannounced audit of care practices in the centre and this document was being formulated on the day of inspection. The person in charge had noted that some minor issues were highlighted in this audit and the inspector found that all issues from a previous internal audit had been addressed as required. The person in charge was also conducting monthly audits of the service which assisted in promoting quality of care. However, these oversight arrangements failed to highlight the need for the implementation of specific risk management procedures which would assist in ensuring the safety of some residents. Furthermore, the inspector found that the annual review of the centre had not occurred as required by the regulations which further impacted on the oversight arrangements.

Some residents had specific requirements in regards to their staffing needs and

a review of the staff rota indicated that these staffing needs were available in the centre. The rota also indicated that residents received continuity of care from staff members who were familiar to them. The inspector met with a staff member who had a good understanding of procedures within the centre. The staff member also had detailed knowledge of residents' individual care needs and throughout the inspection interacted with the residents in an informal and pleasant manner. The provider had also ensured that the quality of the service delivery would be maintained to a good standard by offering both mandatory and refresher training to staff in areas such as safeguarding, fire safety and supporting residents with behaviours of concern.

Regulation 15: Staffing

Some residents had specific staffing requirements to meet their assessed needs, a review of the staff rota indicated that these requirements met at the centre. The rota also indicated that residents received continuity of care from staff members who were familiar to them.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that the quality of the service delivery was maintained to a good standard by both offering and ensuring that staff had completed mandatory and refresher training in areas such as safeguarding, fire safety and supporting residents with behaviours of concern.

Judgment: Compliant

Regulation 23: Governance and management

Clear management and governance arrangements were in place at the centre which ensured that residents received a good standard of care. However, auditing systems had not highlighted the need for the implementation of additional and specific risk management procedures to ensure the safety of some residents. Furthermore, the provider had not ensured that an annual review of the centre was completed as required by the regulations, which further impacted on the centre's oversight arrangements.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of written agreements which described the service that residents would receive at the centre. Prior to the inspection, the person in charge had highlighted some inaccuracies, in regards to the fees which residents would be charged and they were in the process of resolving this issue.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which clearly described the services and supports provided at the centre. The inspector found that overall, the service was delivered as described in this document and some minor adjustments were made on the day of inspection by the person in charge, which further reflected additional positive care practices occurring at the centre.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers on the day of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of records maintained at the centre indicated that all notifications were submitted as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were happy with the service which was provided at the centre and that staffing arrangements supported them to be active in their local communities. However, some improvements were required in regards to the identification and management of specific risks which may impact on the safety of care which was provided to some residents.

Residents had been consulted in regards to their further education, training and employment opportunities. One resident was supported to have paid employment in the recent past and records in the centre indicated that staff were supporting them to find new employment. Residents were also supported to access additional training with computer and cookery courses being explored for some residents. Residents also had good access to their local community and a resident discussed at length, activities which they were supported to attend such as religious services, bingo and a men's shed.

There were examples of good risk management in this centre and resident's independence and safety in the community was actively promoted through effective risk management. The person in charge had a good understanding of these risks, which were regularly reviewed and updated. The person in charge also maintained a general risk register which highlighted areas which would require active safety management. However, there were a number of areas of care that the inspector identified, which required specific risk management procedures in order to ensure the safety of some residents at all times. The inspector did note that there was regular reviews of care practices and some guidance was in place to support the delivery of care, but a coordinated risk management process was not in place to ensure the consistency of practices and safety of residents at all times.

The provider had a system in place which facilitated staff to record and report incidents which impacted on the quality and safety of care provided to residents. A review of recorded events indicated that the person in charge was responsive to any issues which had occurred. There had been a number of medication errors in the centre and on each occasion a manager had been contacted; however, the advice of an appropriately qualified person had not been sought on all occasions to ensure that the medication error had a limited impact on the care received by residents.

There were no safeguarding plans in this centre and residents who met with the inspector said that they felt safe and happy in their home. The inspector observed that all staff members interacted with the residents in a very caring manner and all interactions appeared friendly and relaxed. Safeguarding procedures were available in the centre and there was a specific recording system in place to support one resident in regards to the reporting of events which may have occurred. These recordings were kept under regular review by the person in charge. The inspector found that these arrangements actively promoted the safeguarding of residents.

Fire safety was taken seriously by the provider and precautions such as fire doors, emergency lighting and a fire alarm panel was present in the centre. These precautions were reviewed on a regular basis by the staff team and all required

servicing by competent people was completed as and when required. There were clear fire procedures on display and a resident who met with the inspector could clearly tell them how they would evacuate the centre in the event of a fire. A resident was also supported to remain independently in the centre for short periods of time and a fire drill was completed subsequent to the inspection to ensure that they could respond and evacuate the centre without the direct support of staff.

Regulation 13: General welfare and development

Residents were supported to access further education, training and employment opportunities. Residents were also assisted to be involved in their local communities and regularly participated in activities such as horse riding, shopping and bingo.

Judgment: Compliant

Regulation 26: Risk management procedures

There were examples of good risk management in this centre and resident's independence and safety in the community was actively promoted through effective risk management. However, there were a number of areas of care that required specific risk management procedures, and these were not in place to ensure residents' safety at all times. Furthermore, although regular reviews of care practices and some guidance was in place too support the delivery of care , a coordinated risk management process was not in place to ensure the consistency at all times. In addition, although medication errors were reported to a line manager, the advice of an appropriately qualified person had not been sought on all occasions.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider ensured that appropriate fire safety equipment and procedures were in place at the centre. A review of fire drills and subsequent information which was submitted by the person in charge also indicated that both residents and staff members could evacuate from the centre in a safe and prompt manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate storage facilities for medications and documentation in the centre supported the safe administration of medicinal products. Residents' independence was promoted and some residents had been assessed and supported to manage their own medications. However, the person in charge had not ensured that risk assessments were in place following the completion of assessments on residents' capacity to self administer their own medication.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were no restrictive practices in place in the centre and residents had free access to all areas of their home. There were some behavioural support plans in place which were reviewed on a regular basis and provided staff with the measures and actions which would promote a consistent approach in this area of care.

Judgment: Compliant

Regulation 8: Protection

Residents told the inspector that they felt safe and happy in their home. In addition, arrangements were in place to safeguard residents from possible abuse , which which were subject to regular review to ensure their effectiveness.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sligo Supported Accommodation OSV-0002688

Inspection ID: MON-0025137

Date of inspection: 28/01/2019

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Actions</p> <p>The Integrated Service Manager (PPIM) will sign off on specific, additional risk management procedures that have been put in place in conjunction with the Multi-Disciplinary Team by the 31st March 2019.</p> <p>Additional risk assessments will be discussed with staff in the staff meeting on the 10th March 2019.</p> <p>Risk Assessments will be audited on an on-going basis through internal 6-monthly audits.</p> <p>The Annual Review will be completed by the 31st March 2019 and on an annual basis thereafter.</p> <p>RehabCare's clearly defined management structure will continue. With the above additions, there are systems to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Actions</p> <p>Risk assessments for the specific risks identified at the service will be completed with the input of the multi-disciplinary team, and signed off on by the PPIM for the service, by the 31st March 2019. These will be formally reviewed on an annual basis and/or when there has been a significant change.</p> <p>The staff team has been reminded to record on RehabCare's internal incident management system that the advice of a suitably qualified person is sought following a</p>	

medication administration error.

Staff will continue to implement RehabCare's comprehensive Risk Management Policy which includes systems for the assessment, management and on-going review of risk and responding to emergencies.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Actions

Currently a self-medication assessment and a medication management plan are completed for all Service Users. In addition, Medication Risk Assessments will be completed for all Service Users by the 31st March 2019.

Staff will record on RehabCare's internal incident management system that the advice of a suitably qualified person is sought following any error in the administration of medication.

Staff will continue to work in line with RehabCare's Medication Management Policy for the ordering, receipt, prescribing, storage, disposal and administration of medications.

The PIC will complete quarterly audits of all medication records.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/03/2019
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	31/03/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/03/2019
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	31/03/2019