



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

## Issued by the Chief Inspector

Name of designated centre:	Dundalk Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	16 June 2021
Centre ID:	OSV-0003405
Fieldwork ID:	MON-0031867

## About the designated centre

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

The designated centre is a two storey detached five bedroomed house in close proximity to a large town in County Louth. The service can accommodate up to five adults with disabilities.

Each resident has their own bedroom (one ensuite) and communal facilities include a kitchen cum dining room, a large sitting room, a sun room, a utility facility and communal bathrooms. There are gardens to the front and rear of the property and adequate on-street and private parking is available. Transport is also available to residents if required.

The staffing arrangements consist of a person in charge, a team leader and a team of support workers. Staff is available to provide support in the evenings and morning times with, a sleepover staffing arrangement provided at night.

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

Number of residents on the date of inspection:	5
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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
Wednesday 16 June 2021	13:30hrs to 17:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This service comprised a two story house in close proximity to a large town in County Louth providing care and support to five residents. On the day of this inspection, the house was observed to be warm and welcoming and decorated to take into account the individual style and preference of the residents.

The inspector met and spoke with four of the residents so as to get their feedback on the service provided. Written feedback on the quality of care from one family representatives and all five residents was also reviewed as part of this inspection process. The residents met with said they loved their home and, staff were observed to be person centred and caring in responding to their needs.

The four residents met with, appeared happy and content in their home and were happy to meet and speak with the inspector over the course of the inspection. The inspector observed that there was a strong and positive rapport between staff and residents. For example, residents were relaxed and comfortable in the presence of staff and, staff were at all times, observed to be professional, kind and caring in their interactions with the residents. Residents informed the inspector that were empowered to make their own decisions for themselves, and said that staff, were supportive and respectful of their individual choices.

One resident informed the inspector that they had been at work earlier that day and, that they loved their job. They also said that they loved their home, were very happy with their private accommodation, got on well with staff and, would speak to a staff member or house manager if they had any issues or concerns.

Another resident invited the inspector to see the house and garden area. The resident had a pet rabbit which they took care of and, was delighted to show the inspector their pet. The resident also informed the inspector that they (and the other residents) had revamped the back garden and painted the boundary walls over the lock down period and they were very proud of the finished result. Later on in the inspection process, the resident also showed the inspector their room which was observed to be decorated to their individual style and preference.

The resident also showed the inspector pictures of holidays they had enjoyed prior to COVID-19. For example, some residents had been to England and some had gone on a cruise prior to lock down and, all residents said that they were looking forward to going on holidays again once it was safe to do so.

The resident had also completed a two year course in advocacy and showed the inspector their graduation certificate. The resident said that they loved doing this course and learnt a lot from it. They also appeared to be an effective self-advocate and, informed the inspector that if they had any issues at all in their home, they would speak with the person in charge, house manager or any staff member. This

resident also said that they loved their home and that the staff team were brilliant.

The inspector observed that the service was very much self-directed and that staff were respectful of the rights, choices and decisions of the residents. For example, residents said they chose their own daily routines, menus for the week, chose what activities to engage in and chose for themselves, what holidays to go on. They also said that transport was available to them if they wanted to go for drives or social outings.

Written feedback on the service from one family member and all residents was observed to be very positive. For example, all residents reported that they were happy in their home and it was warm and comfortable. They also reported that they were happy with their bedrooms, the menu options available to them and, the level of social and recreational activities on offer. Feedback from residents on the staff team was also very positive and all residents reported that they was happy with the way in which their rights were respected.

One family representative reported that the staff team were responsive to the needs of the residents and, they were happy with the level of communication between the service and family members.

Some minor issues were identified in this inspection with the staffing arrangements, risk management, the upkeep and maintenance of some documentation/records and governance and management. Notwithstanding, residents reported that they loved their home, that the staff team were brilliant and that their rights and individual choices were supported and respected.

The following two sections of this report: Capacity and Capability and Quality and Safety, further expands on the above points.

## Capacity and capability

Residents informed the inspector that they loved their home and the provider ensured that supports and resources were in place to meet their assessed needs. However, minor issues were identified with the staffing arrangements, governance and management and with the upkeep of some documentation/records.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis within the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced, qualified professionals and provided leadership and support to their team. However, it was observed that the staffing arrangements required review. This was because one resident required some level of supervision on a 24/7 basis in both the community and in their home so as to ensure their overall well-being and safety. On reviewing the rosters and from speaking with staff members, the

inspector observed that at times, there may only be one staff member on duty for the entire day. This meant that on such days, if any of the other residents had an appointment or needed staff support in the community, this resident would also have to accompany them to that appointment as there would be no staff available in the centre to provide support.

The person in charge and team leader ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, positive behavioural support, manual handling and infection control. It was observed that some refresher training was due at the time of this inspection however, the person in charge had plans to address this in a timely manner. Residents also spoke very highly of the staff team and from speaking with a staff member over the course of this inspection, the inspector was assured they had the knowledge required to meet the assessed needs of the residents.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge and team leader also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports. For the most part, these audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents. For example, the last six monthly report identified that aspects of the premises required updating and/or repairing such as a showering facility. This issue was addressed by the time of this inspection.

However, aspects of the monitoring and oversight arrangements of the centre required further review. For example, an issue between two residents was ongoing at the time of this inspection. One resident mentioned this issue to the inspector and, while they reported they loved their home, they said they were not happy that this issue remained ongoing. The person in charge, (who had only recently taken over the running of this service) informed the inspector that they were aware of this issue and were working on addressing it with both residents. However, at the time of this inspection, the issue had not been resolved.

It was also observed that the monitoring and upkeep of some documentation

pertaining to healthcare and the centres COVID-19 isolation plans, required updating and/or review.

#### Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified social care professional with experience of working in and managing services for people with disabilities. They were also aware of their legal remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing arrangements required review as one resident required some level of supervision on a 24/7 basis in both the community and in their home. This was to ensure their overall well-being and safety. On reviewing the rosters and from speaking with staff members, the inspector observed that at times, there may only be one staff member on duty for the entire day. This meant that on such days, if any of the other residents had an appointment or needed staff support in the community, this resident would also have to accompany them to that appointment as there would be no staff available in house to provide support.

Judgment: Substantially compliant

#### Regulation 21: Records

On the day of this inspection it was found that some information was difficult to retrieve and/or required updating. For example, some healthcare related documentation for one resident was difficult to retrieve and access.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a team leader who worked in the

house on a regular basis. However, aspects of the monitoring and oversight arrangements of the centre required further review. For example, an issue between two residents was ongoing at the time of this inspection. One resident mentioned this issue to the inspector and said they were not happy the situation. The person in charge informed the inspector that they were aware of this issue and were working on addressing it with both residents. However, at the time of this inspection, the issue had not been resolved.

The monitoring and upkeep of some documentation pertaining to infection prevention control and the centres COVID19 isolation contingency plans, also required updating and/or review.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

### Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs. A minor issue was identified with the risk management process.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families. While a number of community-based activities and day services were on hold due to COVID-19, residents were being supported to engage in social, recreational and learning activities in their own home. Transport was also available to the residents so that they could go for scenic drives and walks on the beach.

The inspector spoke with four of the residents over the course of this inspection. Residents informed the inspector that prior to the COVID-19 pandemic, they had gone on a cruise and some had gone on holidays to Manchester, of which they very much enjoyed. Some residents also had jobs of which they reported they loved. All residents spoken with informed the inspector that they were looking forward to

getting back to normal now the the COVID-19 restrictions were easing.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Hospital appointments were facilitated as required and access to mental health services and behavioural support were provided for. Where required, residents also had a behavioural support plan in place. On the day of this inspection, some healthcare related documentation was difficult to retrieve however, this was actioned under Regulation 21: Records.

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. Residents informed the inspector that if they had any issues in their home, they would speak with a staff member or person in charge. However, they informed the inspector that they had no issues with the care and support provided to them. From speaking with one staff member over the course of this inspection, the inspector was also assured that they had the skills, confidence and knowledge to report any concern to management if they had one. Staff also had training in safeguarding of vulnerable persons and information on how to contact the safeguarding officer was available in the centre. Some residents had also undertaken training in self-advocacy and, were happy to show the inspector their graduation certificates.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. However, aspects of the risk management process required review. For example, a number of supports were in place to ensure one resident's safety in their home. Some of these supports were not explicitly stated in the risk assessment. Notwithstanding, staff were able to verbalise to the inspector how to ensure the residents safety.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in breaking the chain of infection, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff and residents wearing PPE over the course of this inspection. However, it was observed that some of the documentation pertaining to one aspect of the COVID-19 isolation plans for the centre, required review. This issue was actioned under regulation 23: Governance and Management.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held regular meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and reported to the inspector that staff were supportive and respectful of their individual autonomy and

rights.

### Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. However, aspects of the risk management process required review. For example, a number of supports were in place to ensure one residents safety in their home. Some of these supports were not explicitly stated in the risk assessment.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff and residents wearing PPE over the course of this inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a

range of allied healthcare professionals, to include GP services formed part of the service provided. Hospital appointments were facilitated as required and access to mental health services and behavioural support were provided for. On the day of this inspection, some healthcare related documentation was difficult to retrieve however, this was actioned under Regulation 21: Records.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. Residents informed the inspector that if they had any issues in their home, they would speak with a staff member or person in charge. From speaking with one staff member over the course of this inspection, the inspector was assured that they had the skills, confidence and knowledge to report any concern to management if they had one. Staff also had training in safeguarding of vulnerable persons.

Judgment: Compliant

### Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held regular meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and reported to the inspector that staff were supportive and respectful of their choices, individual autonomy and rights.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dundalk Supported Accommodation OSV-0003405

Inspection ID: MON-0031867

Date of inspection: 16/06/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• Additional staffing is currently being provided in the service, typically based on the needs of the Residents the following periods are covered by a second staff member 4-9pm Mon – Thurs, 12-9pm for Fri-Sun.</li> <li>• The Provider has submitted a revised request for funding to the HSE on 02/07/2021 and a response from the HSE is currently awaited, regular contact is being maintained with the HSE. It is expected a formal response will be received by 31/8/21.</li> </ul>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• Health Care Records have been updated with Cover page logged as advised by the inspector. All documentation has been filed in a clear and easy to use format. Completed on 07/07/21.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	

management:

- PIC has now resolved the issue identified and both residents are happy with the solution.
- Isolation plans have been updated with the full details of the options available to residents if they need to isolate. This was completed by 12/07/21.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- Risk Assessments are currently being reviewed and updated ensuring risks are clearly identified and controls are clearly described with all required details included. This will be completed by 20/07/21.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	07/07/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	12/07/2021

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	20/07/2021