



Office of the Chief Inspector

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

Name of designated centre:	Shalom
Name of provider:	RehabCare
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	25 June 2019
Centre ID:	OSV-0003639
Fieldwork ID:	MON-0023368

About the designated centre

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

Shalom is a residential home located in Co.Tipperary. The service has the capacity to provide supports to five adults over the age of eighteen with an intellectual disability. The service operated on a full-time basis with no closures ensuring residents are supported by staff on a 24 hour 7 day a week basis. Residents were facilitated and supported to participate in range of meaningful activities within the home and in the local and wider community. The property presents as a two storey building on the outskirts of a large town adjacent to a day service and another designated centre. Each resident has a private bedroom, with a shared living area space. The centre also incorporated a spacious kitchen dining area and a garden area

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
25 June 2019	08:30hrs to 03:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

On arrival to the centre the inspector spent time with one resident who was waiting for their transport to their day service. They were waiting patiently in the living room looking out the window moving outside the house every now and then to see if they had arrived. The resident showed the inspector some photos in the living room and some board games and activities they kept on the shelves for people to use as they pleased.

Two residents were in the kitchen finishing their breakfast, one with some support from staff. Both residents were chatting with staff and the inspector about their day. One resident told the inspector the staff were very good to them and always looked after them. They reminded the person in charge that they had an open day in their day service the following day, which they had invited the person in charge to attend every year. The resident was very excited about this day and was really looking forward to it all.

One resident was an avid GAA supporter and showed the inspector all the GAA memorabilia they had in their bedroom. They showed a poem about Tipperary hurling. They were going to the upcoming hurling match in Dublin with their friends from the local GAA club at the weekends and was organising this with the staff. During the day this person attended a local funeral and rang the staff to keep in contact and to arrange a lift back to the centre at the end of the day. This was facilitated by staff.

The centre presented as a busy activity based environment with coming and goings throughout the day, with jovial interactions observed throughout. Residents appeared very comfortable in the company of staff and approached them if they required support.

Capacity and capability

Shalom presented as a centre where the registered provider demonstrated high level of compliance. The capacity and capability of the provider ensured residents were supported to enjoy an active life, participating in a range of meaningful activities within the local community. Through a clear governance structure and efficient staff team the centre was governed in a manner which assured adherence to regulations, to ensure a safe, effective service was afforded to residents.

The registered provider had ensured a clear governance structure was place within the centre. A suitably qualified and experienced person in charge had been

appointed to the centre that was responsible for the day to day operations within the centre and regular monitoring of service provision with the support of an appointed team leader. This individual reported directly to the person participating in management allocated to the centre, whom in turn reported to the senior management team and the board of directors. There was clear evidence of communication within the governance structure. The person in charge had a clear understanding of the supports needs of the residents and of their regulatory responsibility. For example, all notifiable incidents had been reported to the office of the chief inspector within the allocated time frame and a relevant statement of purpose was available.

The registered provider had effective systems in place for the implementation of an annual review of service provision. This was completed by a delegated person within the organisation and was evidenced to be comprehensive in nature. There was clear evidence of consultation with the residents with their views being integrated into the final report to ensure their holistic and personal views were incorporated. The registered provider had also ensured the execution of an unannounced visit to the centre on a six monthly basis to the centre by an assigned person. A time bound action plan had been established with all actions required completed following implementation of both systems.

At centre level, improvements were required to ensure that monitoring systems in place were utilised to continue to drive service improvements. Reliance was placed on the implementation of organisational level monitoring systems to identify issues or concerns and to drive a safe and effective service.

The registered provider had ensured the allocation of appropriate staffing levels to meet the assessed needs of residents. The staff team were knowledgeable to the supports required to promote the resident's independence and participation in the local community. Staff members had been allocated duties within the centre and this were implemented to a consistently high standard this included regular financial checks and medication counts. The person in charge had ensured that all staff had received training which the organisation had deemed mandatory. Training needs were discussed as part of formal supervisory meetings which were implemented by the appointed team leader with the support of the person in charge. The team leader and person in charge were available for staff to discuss any concerns or issues either in person or through team meetings.

The registered provider had ensured residents and staff were facilitated with guidance in the receipt and resolution of a complaint through the development of an organisational complaints policy which had further been enhanced to an easy read version to support residents to make a complaint. No complaint was active on the day of inspection. Review of an on site complaints log evidenced that there was effective resolution of complaints in timely manner.

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. This person possessed a clear understanding of their regulatory responsibilities

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that number, skill mix and qualifications of staff was appropriate to the number and assessed needs of the residents

The actual and planned roster evidenced the flexibility of the staff team to ensure the holistic needs of residents was paramount.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had effective systems in place for the appropriate supervision of staff.

All staff were supported and facilitated to receive adequate training including refresher.

Judgment: Compliant

Regulation 23: Governance and management

A clear governance structure was allocated to the centre with clear lines of accountability and responsibility.

Effective monitoring systems were in place at organisational including the annual review of service provision and six monthly unannounced visits to the centre. Improvements were required at centre level to ensure service provision was safe and effective. Any actions identified were addressed in a timely manner.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Whilst the registered provider had ensured the development of a written agreement regarding services to be provided. Fees to be incurred, were not clearly laid out.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was available within the centre. All information required under Schedule 1 was present and correct.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifiable events/incidents had been submitted to **the** office of the chief inspector in accordance with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place which gave clear guidance for staff in the procedures for addressing a complaint. No complaint was active on the day of inspection

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the service provided to the residents currently residing within Shalom and found that residents were encouraged and facilitated to participate in a range of activities. Promotion of

independence and life skills training was evident throughout the inspection, both in documentation and observations. Residents were supported to participate in community activation and participation in social roles. Residents were consulted in the day to day operations of the centre with a restriction free environment promoted.

Residents were supported to participate in the day to day operations of the house. Life skills were actively encouraged such as making a cup of tea, emptying the dishwasher and preparing breakfast. Residents were also encouraged to participate in local community activities and with one resident an active member of the local GAA club. A range of life goals had been identified through consultation with the individual residents and were clearly documented within their person plan. One resident had recently attended a spice-girls concert in Dublin, whilst another attended a flower arranging class of their choice. There was clear evidence of progression of goals.

Residents spoke of their enjoyment in activities. One resident attended a day service and had requested the person in charge to attend their open day. Staffs were cognisant to the support needs of residents and their needs to participate independently in an activity. For example one resident had a wheelchair used for social activities to promote their independence. The environment was designed to promote residents independence also. All equipment was in good working order and serviced appropriately. Photographs of residents, their families and friends were visible through out, with the county colours decorating the outside of the house for the upcoming GAA match.

The person in charge had ensured the development and ongoing review of comprehensive individualised personal plans for each resident. Needs assessments was completed annually ensuring all documented supports were reflective of the residents assessed needs. This incorporated multi-disciplinary input for relevant members of the individuals support team such as the physiotherapist or speech and occupational therapy.

The registered provider had ensured the centre was operated in a manner which promoted the safety and well-being of all residents. The person in charge ensured that all risk both individualised and environmental were identified and assessed accordingly. These were outlined within a risk register which incorporated current control measures in place to minimise the risk. Such identified risks included intimate and personal care and self-harm. The person in charge had completed risk assessments to participate independence of residents within the community. Whilst control measures were set out to clarify the positive impact of same, no plan was in place should the resident not return to the centre or answer their phone.

Measures were in place regarding the detection, response and management of fire with clear systems, fire fighting equipment and preventive measures in place. Staff had a clear understanding of the evacuation procedures within the home and ensured residents were facilitated to participate in regular fire drills and evacuations to promote awareness. Assurances were required to ensure that all required

containment measures were in place within the centre.

Safeguarding practices and policies were reviewed as part of the inspection and evidenced to be effective. Through an organisational policy and training staff were provided with clear guidance on procedures to adhere to should an allegation arise. Where an allegation had arisen systems were immediately implemented to ensure the safety of residents and adherence to local and national policy. The person in charge had ensured that staff were afforded with clear guidance to support service users displaying behaviour that is challenging and to support service users to manage their behaviour.

Regulation 13: General welfare and development

The registered provider had ensured the provision of an appropriate service to each individual based on their assessed needs. Each resident was afforded with ample opportunities for participation in meaningful activities in accordance with their unique hobbies and interests.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre presented as a warm homely environment which was tastefully decorated. Each resident had a private bedroom which they were supported to decorate.

All areas of the property were well maintained and all equipment was in good working order.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured effective systems were in place for the ongoing identification, monitoring and review of risk. Through the use of risk register effective control measures were in place to reduce the likelihood and impact of identified risk. The person in charge had completed risk assessments to participate independence of residents within the community. Whilst control measures were set out to clarify the positive impact of same, no plan was in place should the resident not return to the centre or answer their phone.

Processes and procedures relating to risk were clearly set out in an organisational risk management policy, which also contained the regulatory required information.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured effective measures were in place for the detection of fire. Through ongoing monitoring by the staff team, through daily and weekly checks, any issues were identified and addressed in a timely manner.

Assurances were required to ensure that effective containment measures were in place in all required areas throughout the centre

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive and individualised personal plan in place. The personal plans provide guidance for staff on the multi-disciplinary support needs of residents in a clear concise manner. Personal goals had been set following consultation with the resident with clear evidence of progression.

The person in charge had ensured the plans were regularly reviewed to ensure the effectiveness of the plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff were afforded with clear guidance to support service users displaying behaviour that is challenging and to support service users to manage their behaviour.

A restrictive free environment was promoted within the centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted all aspects of their support needs

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Shalom OSV-0003639

Inspection ID: MON-0023368

Date of inspection: 25/06/2019

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A weekly/monthly auditing process will be completed by the PIC / Team Leader focusing on areas that ensure safe and effective service provision. This will ensure service provision is safe and effective. Actions will be clearly identified, addressed and monitored. • The audit tool circulated by the Quality & Governance Directorate on the 16-10-2019 and will be in operation from 31-10-2019. 	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • Service user contracts of care were amended on 16-09-2019 to all include fees to be incurred. • The updated Contract of Care will be discussed with each service user through key worker meetings and signed by services users when agreed. This will be completed by 31-10-2019. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The provider will ensure a plan is in place should a resident not return to the centre or answer the phone. 	

- Risk assessments have been amended to provide staff guidance in relation to the procedure to be followed in the event of a service user not returning to the centre and or not answering the phone.
- Keyworkers will discuss the risk assessments with each service user through keyworker meetings by the 31-10-2019.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The provider will complete a fire safety check to ensure that effective containment measures are in place in all required areas throughout the centre by the 31-10-2019.
- Downstairs press containing electrical equipment inspected by the electrician and plumbing contractor on 22-07-2019 who deemed safety measures in place re: electrical equipment are sufficient.
- There is a smoke detector in this press and quarterly fire alarm inspections completed.
- There are fire compliance reports and a fire safety cert for this service.
- The PIC checked the door schedule for the service in conjunction with the property department and the architect who confirmed that "the door in question is called up as a fire door and has been installed as a fire door.

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.	Substantially Compliant	Yellow	31/10/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	31/10/2019
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	31/10/2019

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2019