



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

Issued by the Chief Inspector

Name of designated centre:	Drogheda Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	09 May 2023
Centre ID:	OSV-0002671
Fieldwork ID:	MON-0030726

About the designated centre

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

Drogheda supported accommodation is a designated centre operated by Rehab Group which provides 24 hour residential support to five male and female adults. The centre is a large detached six bedroom house with a large garden to the back of the property. The residents' home is spacious and comprises of a large kitchen dining area, a large sitting room and a large conservatory. It is in close proximity to the nearest town and is within walking distance to a large shopping centre.

Residents attend a day service during the week with the option to stay in the centre certain days of the week if they want. A vehicle is also provided for residents. There are two staff on duty in the evening times and for some hours at the weekend. One sleepover staff is also on duty to support residents at night and in the morning time. The person in charge is also responsible for other service provision in the wider organisation. In order to assure effective oversight of the centre, a team leader is also in place.

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 (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
Tuesday 9 May 2023	10:00hrs to 18:35hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, residents were receiving a service which met their needs. Some improvements were required in relation to premises, risk management and fire precautions. These areas are discussed further in the next sections of this report.

The inspector had the opportunity to meet four out of the five residents living in the centre. All five residents attended an external day service, two residents attended their day service four days of the week and were supported by the centre staff on the fifth day when they chose to remain in the centre. One resident availed of a shared care arrangement and stayed over in the centre four nights each week.

The four residents that returned from their day service communicated to the inspector that they had a nice day. Some residents told the inspector that they planned to relax watching the television later that night. Residents were observed to appear relaxed and at ease in their home. They comfortably used their environment, independently did some house chores and communicated their needs to staff. Some residents were observed to relax watching television together in the sitting room and planned to stay in to watch a particular show that night. Residents spoken with said they enjoyed living in the centre and chose what activities they liked to participate in. Residents told the inspector they knew how to raise concerns if they needed to.

One resident showed the inspector a certificate they received from a respected university for their artwork and were understandably proud of their achievement.

In addition to the person in charge, there were two staff members on duty for the evening. The person in charge and the staff members spoken with demonstrated that they were very familiar with the residents' support needs and preferences. A staff member spoken with said they had received training in human rights. They said that, after the training they were more aware to include residents in all types of decision making that affected them, as it made them more conscious about it.

From a walkabout of the premises, the house appeared clean and tidy. There was adequate space for privacy and recreation for residents. There were suitable in-house recreational equipment available for use, such as televisions, art supplies and DVDs. Personal pictures and homemade artwork were displayed in different areas of the house. In the dining area a memory wall was displayed that contained pictures of days out and recent birthdays that residents wanted to display. Pictures on the wall were updated as per residents' request and provided a talking point for them.

There was sufficient storage facilities for residents' personal belongings and each had their own bedroom. They were personally decorated to suit their personal preferences and some had personal pictures or personal artwork displayed.

As part of this inspection process residents' views were sought through

questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided by way of staff representatives recording residents' responses. Residents indicated that they were neutral or happy with all aspects of the care and supports provided in the centre with the exception of two comments. One was with regard to a resident saying sometimes they don't always 'get on' with another resident but that they can tell staff when it happens. Another said their room was too warm. The person in charge had already arranged for the radiator to be fixed prior to the inspection. One resident communicated that staff were nice and listen to them. Another said they felt that if they ever had a complaint that the staff or manager would deal with it.

The provider had also sought resident and family views on the service provided to them by way of the annual review for the centre. Feedback received indicated that residents communicated with were satisfied with the service provided. Residents spoken with had indicated that they liked their home and also liked relaxing in the sitting room with their friends watching television. One resident commented that their bedroom was too warm and the person in charge arranged for the issue to be fixed as above. No family surveys were returned by the time of this inspection

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in March 2022 as an infection prevention and control only inspection. It was observed that some improvements were required to ensure the centre was operating in full compliance with 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). Actions from the previous inspection had been completed by the time of this inspection.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality and safe service to residents.

A statement of purpose had been prepared that contained the information as per Schedule 1 of the regulations.

There was a defined management structure in place which included a team leader and person in charge. The person in charge was a social care professional, who knew the residents well.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other

local audits and reviews conducted in areas such as finance, medication management, and health and safety.

A planned and actual roster was in place. A review of the rosters demonstrated that the skill-mix and level of staffing was appropriate to meet the assessed needs of the residents.

There were established supervision arrangements in place for staff as per the organisation's policy. The person in charge ensured that staff had access to necessary training and development opportunities. For example, staff had training in fire safety and positive behaviour supports.

The provider had suitable arrangements in place for the management of complaints. There had been a low level of complaints in the centre and any complaints made had been suitably recorded and resolved.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. The person in charge worked in a full-time role and managed two centres within the organisation. The inspector was satisfied that the person in charge could ensure effective governance, operational management and administration of the designated centre and were supported in their role by a team leader. They demonstrated a good understanding of residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

Staff had the necessary skills and experience to meets residents' assessed needs. There was a planned and actual roster maintained that accurately reflected the staffing arrangements in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were established supervision arrangements in place for staff as per the organisation's policy. The person in charge ensured that staff had access to a suite of training and development opportunities. For example, staff had training in fire safety and also food safety. In addition, the person in charge had arranged for staff

to receive training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was adequately ensured against risks to residents and property.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which included a team leader and the person in charge. The person in charge was a social care professional and they demonstrated that they knew the residents well. In addition, the regional operating officer and the director of care were the people participating in management for the centre.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas such as finance, medication management, and health and safety.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available that was updated as required. It contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints, for example, there was a nominated complaints officer and a complaints policy in

place. There had been no complaints in the centre in 2022 and any complaints made in 2023 had been suitably recorded and appropriate actions taken.

For example, some residents had complained over a transport issue in the mornings and the person in charge had arranged for alternatives to be trialled. The new plans appeared to be working well for residents.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. However, as previously stated improvements were required with the premises, risk management and fire precautions that will be discussed further in this section.

The provider had ensured that assessments of residents' health and social care needs had been completed. These assessments, along with residents' support plans, were under periodic review. Care and support was provided in line with their care needs and any emerging needs. Residents had access to appropriate healthcare and were supported to attend healthcare screening, for example, breast checks.

The person in charge was promoting a restraint-free environment and there were no restraints used within the centre. Where necessary, residents were referred for specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk.

The inspector reviewed the safeguarding arrangements in place and found that staff had received training in safeguarding adults. In addition, there were clear lines of reporting for any potential safeguarding risks and a staff member spoken with was familiar with what to do in the event of a safeguarding concern. While there were some safeguarding concerns at times within the centre staff and the person in charge were taking appropriate steps to safeguard residents.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were being offered the opportunity to engage in activities of their choice. There were monthly residents' meetings and residents were supported to make a complaint if they were unhappy about any aspect of the service provided to them.

There was a residents' guide in place and a copy was available to each resident which contained the required information as set out in the regulations.

The premises was homely and for the most part found to be clean. Some areas required a more thorough clean or replacement to ensure they were conducive for cleaning, for example, limescale in the bathroom and the surface of the microwave

was peeling. Additionally, some touch ups of paintwork were required in some areas, for example, a bedroom and the kitchen.

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, some risk assessments required review to ensure they were robust and risk rated correctly.

The inspector reviewed matters in relation to infection control management in the centre. The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. For example, there was colour-coded cleaning equipment used in the centre in order to minimise cross contamination.

There were systems in place for fire safety management and the centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal emergency evacuation plans (PEEPs) in place which outlined how to support residents to safely evacuate in the event of a fire. However, improvements were required to the fire containment measures for one bedroom and additionally with ensuring all residents could be evacuated with minimum staffing levels.

Regulation 17: Premises

The premises was homely, tidy and for the most part found to be clean.

However, some improvements were required. These included:

- some areas were not conducive to cleaning as there was a slight build up of limescale or residue in some areas, for example, in the main bathroom and the microwave surface was peeling in areas
- slight mildew was observed on the sunroom door
- the aesthetics of the house could do with some improvements with regard to some touch ups of paintwork in some areas and to replace a missing light feature. For example, the water closet, kitchen, the garden table and part of the shed required painting and a light cover required replacement in the water closet
- minor holes in the ceiling of the sitting room required to be filled and repainted
- one bedroom had a leak stain on the ceiling.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide in place and a copy was available to each resident that contained the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. Incidents were discussed as part of team meetings and learning from the incidents was prioritised.

There were centre specific and individual risk assessments completed. However, not all risks were robustly risk assessed to ensure risk ratings were accurate for the risk or to ensure all control measures were considered and listed. For example, a risk assessment for infection prevention and control with regard to a particular resident's room or with regard to a falls risk assessment for another particular resident. The provider had arranged for the person in charge to attend a refresher training in risk assessments that was due to take place at the end of the month.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. The inspector reviewed actions from the last infection prevention and control only inspection of the centre from March 2022 and found that all agreed actions had been completed.

While some improvements were required to ensure all surfaces were conducive for cleaning and some minor mildew was observed, these issues are being actioned under Regulation 17: premises.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management, for example the centre had suitable fire safety equipment in place which was serviced as required. Each resident had an up-to-date PEEPs in place which outlined how to support residents

to safely evacuate in the event of a fire.

However, one fire containment door for a resident's bedroom did not contain an intumescent strip or cold smoke seal. In addition, while there was evidence of regular fire evacuation drills taking place, there was no evidence to suggest that one particular resident took part in a fire drill in 2022 or 2023 up to the day of the inspection. Furthermore, no drill had taken place with maximum resident numbers and minimum staffing levels for day time or for during the hours of darkness.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on at least an annual basis, and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs and they were reviewed at planned intervals. In addition, residents were supported to set life goals for themselves, for example, one resident was supported to complete a childcare course in their day service and another goal was to go on a hotel break.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were assessed, and appropriate healthcare was made available to each resident. For example, residents had access to chiropody, general practitioner services (G.P) and some residents had been supported to attend healthcare screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge was promoting a restraint-free environment and there were no restraints in operation within the centre at the time of this inspection. Where necessary, residents were referred for specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained in adult safeguarding. While there were some safeguarding issues within the centre they were reported and dealt with appropriately. While the safeguarding plan documents weren't recorded as reviewed within agreed time frames, from speaking with a staff member, the person in charge and a review of other documents, it appeared that the plans were reviewed. It appeared the oversight was a documentation oversight.

Staff spoken with were familiar with the steps to take should a safeguarding concern arise. In addition, there were systems in place to safeguard residents' finances in the centre, for example, the team leader completed a weekly audit of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected. One method by which the centre was demonstrating this was by conducting monthly residents' meeting to ascertain their feedback on the service and keep them informed. Residents spoken with communicated to the inspector that they choose their own meals and what activities they do. The inspector observed that residents had been prepared in advance of this inspection that it would be happening and what to expect in order to help alleviate any anxiety the inspection may have caused.

In addition, the person in charge was found to have advocated on behalf of a resident to their funder regarding the suitability of the resident's day service placement.

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 (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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Drogheda Supported Accommodation OSV-0002671

Inspection ID: MON-0030726

Date of inspection: 09/05/2023

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Microwave – New microwave has now been purchased and replaced – 14/05/23 • Limescale – deep cleaning will be done again by contract cleaners and will be completed by 30/06/23 • Mildew on sunroom door has been cleaned however will get a deeper cleaning by contractor cleaners by 30/06/23. • Paintwork on shed and table will be completed by 07/07/23 • Paintwork inside the service and in water closet will be completed by 01/09/23 • Holes in ceiling in sitting room will be filled by 07/07/23 • Bedroom ceiling will be repainted by 07/07/23 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • Falls risk assessment was completed for one resident on 25/05/23 • Following refresher training on risk assessment the PIC and Team Leader will complete a review of all risk assessments to ensure all risks are accurately described and ratings correct, this will be completed by 30/06/23 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none">• All Fire doors are in the process of been replaced, this will be completed by 10/06/23.• Fire Drill involving all residents (including resident who was previously missing from drills) and the minimum number of staff was completed on the 14/05/23 in the morning time. Record available in Fire Fact File.• Hours of darkness fire drill has been scheduled for July 23 with max residents and min staff – this will be completed by 30/07/23.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	07/07/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	01/09/2023
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.	Substantially Compliant	Yellow	30/06/2023

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	10/06/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/07/2023