



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

## Issued by the Chief Inspector

Name of designated centre:	Castlebar Supported Accommodation
Name of provider:	RehabCare
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	13 April 2021
Centre ID:	OSV-0002672
Fieldwork ID:	MON-0032160

## About the designated centre

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

Castlebar supported accommodation provides a full-time residential service to four residents for 52 weeks per year. The centre is located in a large town in Co. Mayo and is central to the local amenities in the town. There are two females and one male using this service and there is one vacancy in the centre. All residents have a mild learning disability and one resident also has a physical disability. The service consists of a large two-storey detached building in a housing estate in the town. Residents are supported by one social care staff member in the morning and the evening with a staff sleepover at night. The centre also has an apartment attached to the side of the house, where one individual who has transitioned out of the service lives; however, this apartment is not registered with HIQA and staff do not provide support to this individual.

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

Number of residents on the date of inspection:	4
--	---

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
Tuesday 13 April 2021	09:00hrs to 14:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life in which their rights and well-being were actively promoted.

The inspector met with three residents on the day of inspection and they chatted freely about their lives and living in the designated centre. One resident discussed how they liked walking by themselves to their local day service which promoted their independence. They also explained how they had their own front door key and they liked returning home in the evenings and unlocking their own front door. This resident also really enjoyed sports, in particular Gaelic football, and they were a proud supporter of Mayo and Castlebar. There were pictures on display of attending matches and also displaying their county flag. The inspector also met with another resident who was also an avid Gaelic football supporter and they were wearing their county's colours and they joked about supporting Dublin football while living in Mayo. Both residents discussed how they enjoyed living in the centre which they considered their home and they both said that staff were very nice.

The final resident which the inspector met with, sat and chatted openly about their life, interests and how COVID-19 had impacted on their life. The resident was in good spirits and they appeared to really enjoy living in their home and the staff who supported them. They explained how they loved a glass of wine at the weekends to relax and that they were planning to have a barbecue during the summer, if national restrictions were eased, and that they would invite all their friends. They also discussed their love of cooking and that they liked to cook a meal once or twice a week for everybody in the house. Prior to COVID-19 this resident was active in their local community and they enjoyed social events such as music concerts and popping out for coffee and lunch when they wanted. They had also volunteered at the local primary care centre and they explained how they used to love doing some paperwork and directing the public to the location of their appointments. The resident discussed how they missed all these activities but they understood that national restrictions were in place to keep everybody safe.

Residents who met with the inspector explained that they wore a face covering to protect themselves and that it was important to wash and sanitize their hands regularly. Residents discussed how staff kept them informed about COVID-19 through daily interactions and they were also kept informed by watching the news. A resident explained how they were happy to receive a COVID-19 vaccine and that staff had fully supported them in this process. A review of residents' personal plans also showed that an extensive consultation and consent process had taken place which assisted residents in making an informed decision around receiving the vaccine.

The centre had a very pleasant atmosphere and upon entering the inspector noted that it very much had a sense of home. The residents' communal areas were cosy, bright and warmly decorated. Pictures were also on display of residents enjoying life

and being out and about at various events. Residents had access to all areas of their home and they were relaxed and casually chatted with staff who were on duty. The inspector met with three staff members, including the person in charge, and all staff were noted to be very pleasant when interacting with residents and they also referred to residents in a very warm and personal manner.

Overall, the inspector found that residents were supported to enjoy a good quality of life and when the inspector attended the centre it was very warm and homely in nature. Some improvements were required in regards to supporting a resident with advocacy and also in regards to a restrictive practice, these issues and the arrangements which assisted in supporting a good quality of life for residents will be discussed in the subsequent sections of the report.

## Capacity and capability

Overall, the inspector found that the management arrangements promoted residents welfare, wellbeing and safety. The centre had a clearly defined management structure and the person in charge was supported in their role by three senior managers.

The person in charge facilitated the inspection and they had a good understanding of the service and of resident's individual needs. The person in charge was also supported by a team leader and both people had a schedule of audits in place which provided additional oversight of care practices and assisted in ensuring that residents received a service which was safe and well monitored.

The provider had produced a contingency plan in response to COVID-19 which outlined how the centre should prepare for COVID-19 and how the centre would respond to a suspected or confirmed case, The inspector noted that the plan actively promoted the welfare of residents and it was very much focused on their individual needs. It clearly outlined how residents should be cared for if they had COVID-19 and detailed assessments were in place which supported resident's individual wishes to remain safely in their home should they be required to self isolate. The person in charge had detailed knowledge of this contingency plan and they clearly articulated how staffing ratios, hygiene arrangements and overall infection prevention and controls measures would be enhanced and maintained. Although this plan promoted the overall safety of residents, some minor adjustments were completed on the day of inspection by the person in charge to give further clarity around the location of donning and doffing areas for personal protective equipment (PPE).

The provider had also completed all required audits and reviews as outlined in the regulations. The inspector found that the centre's annual review was resident focused and gave a real sense that residents' voices and opinions were sought to improve the quality of service. A senior manager who completed the review spent time with a number of residents and residents actively discussed how COVID-19 had impacted on their lives and how they would enjoy when life got back to normal.

Residents reported that they were very happy with the service and that the key worker system which was in place enhanced their quality of life. Residents also articulated how staff take the time to listen to them which made them very happy.

The staff on duty on the day of inspection were very pleasant and they interacted with the residents in a warm and friendly manner. Residents were relaxed in their company and they laughed and joked with them about various topics throughout the morning. Staff were also up-to-date with their training need and additional training in response to COVID-19 had been completed by all staff members.

### Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents received continuity of care from staff members who were familiar to them.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a training programme in place which assisted in ensuring that staff could support residents with their individual needs. The provider had also ensured that staff had completed additional training in hand hygiene, personal protective equipment (PPE) and infection prevention and control which also promoted the quality and safety of care which residents received.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had governance arrangements in place which ensured that residents received a service which met their needs. All audits and reviews as required by the regulations had been completed and the information which was gathered for these processes was used to improve the overall quality and safety of care.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents enjoyed living in the centre which they considered their home and that they had a good quality of life. However, some improvements were required in regards to restrictive practices and advocacy within the centre.

Each resident had a personal plan in place which clearly outlined their care requirements and how they preferred their needs to be met. Residents met regularly with their key workers for a catch up in regards to their goals, activities and general well being which ensured that they were actively involved in decisions about their care. Residents reported in these meetings that they were looking forward to a time when national restrictions would be eased and they could get back involved with their local communities. In the mean time residents had identified future goals in regards to health, education, learning to use PPE and preparing to receive a COVID-19 vaccination. The inspector found that where possible the staff team had promoted these goals in line with listed timelines for completion. It was clear that residents were actively involved in decisions about their care. A review of a sample of personal plans indicated that residents decided when their annual reviews should occur and who they would like to attend, with one resident preferring to defer their annual review until such time that the family members could safely attend.

It was clear that residents enjoyed living in the centre and there was a very pleasant atmosphere throughout the inspection. The rights of residents were actively promoted and some positive risk taking was occurring which promoted residents' overall independence. Residents were supported to remain in their home without staff present and detailed risk assessments were in place which promoted their overall safety. Some residents also walked to nearby day services by themselves and a resident who met with the inspector said that they really enjoyed doing this.

Although it was clear that residents' independence was encouraged and promoted, some improvements were required which would further build on the positive examples of care which were found in this centre. For example, the interventions which were implemented following a recent incident had resulted in additional supervision for a resident which did impact on their independence. Although, this restrictive practice was subject to regular review, with the intention of reducing the restriction, the restriction remained in place and alternative arrangements to the supervision had not been considered. Furthermore, advocacy had not been considered as an option to support the resident with this restriction.

The provider had a system in place for identifying, recording and responding to accidents and incidents. A review of this system indicated that the person in charge responded in a prompt manner to issues and where required additional measures such as risk assessments had been implemented to address any safety concerns. Risk management procedures were generally well managed and additional risk assessments had been implemented in response to COVID-19 and associated safety concerns around transport and contractors.

Overall, the inspector found that residents enjoyed living in this centre and that their rights, well-being and welfare were actively promoted.



### Regulation 26: Risk management procedures

The provider had detailed risk assessments in place which promoted residents' safety. The person in charge had also responded in a prompt manner to incidents which had occurred.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had enhanced infection, prevention and control measures in place which were kept under regular review by the person in charge.

Judgment: Compliant

### Regulation 28: Fire precautions

The actions from the previous inspection had been addressed. A review of fire precautions also demonstrated that residents could evacuate in a prompt manner and that fire equipment was serviced as required.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans which were individualised and reflected their individual needs and preferences.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to enjoy a good quality of health. Residents had regular access to the general practitioner and also to allied health professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider did not demonstrate that alternative arrangements had not been trialled to assist a resident with the reduction and elimination of a restrictive practice.

Judgment: Substantially compliant

### Regulation 8: Protection

Residents enjoyed living in this centre and there were no active safeguarding plans required in this centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall, residents' rights were promoted; however, advocacy had not been considered as a support mechanism for a resident in relation to a restrictive practice which impacted on their independence.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Castlebar Supported Accommodation OSV-0002672

Inspection ID: MON-0032160

Date of inspection: 13/04/2021

## 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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• Going forward PIC to work closely with the behavior Support team to look at every possible option before implementing a restrictive practice plan, the approach of positive risk taking will be applied.</li> <li>• Staff to continue to inform service users of advocacy services available to them and explain how this service can support resident's to access advocacy services if any issues arise, including when a restrictive practice is being considered any resident.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• Staff to continue to inform service users of advocacy services available to them and explain how this service can support resident's to access advocacy services if any issues arise.</li> <li>• In the case of the Restrictive Practice currently in place, the Resident has been made aware there is an option to avail of an advocate to support them with the restrictive practice process. A meeting with the resident and advocacy officer is to be due to be facilitated. This will be completed by 28/04/2021</li> <li>• In the case of any incident of concern in the future, a direct link with advocacy will be established as an additional support to be offered to all residents.</li> </ul>	



## 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 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	28/04/2021
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Substantially Compliant	Yellow	28/04/2021