Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sligo Semi Independent Accommodation
Name of provider:	RehabCare
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	16 June 2022
Centre ID:	OSV-0004442
Fieldwork ID:	MON-0028134

About the designated centre

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

Sligo Semi-Independent Accommodation provides residential support to male and female adults with an intellectual disability. The centre provides support to residents with low support needs which is based on the social model of care and support. The centre comprises two properties located in close proximity in a residential area and close to a busy town. Residents have varied levels of independence and support needs and staff are available to support the individual needs of each resident. One house provides accommodation for three residents and has a staff office which caters for the administrative needs of both houses within the centre. The second house provides accommodation for four residents. Both houses have rear gardens, which are accessible to residents at the centre. Residents are assisted by a staff team comprising of a person in charge, team leader and community support workers. There is a sleep over arrangement in one of the properties and this person is available to support the residents in the second property if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

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
Thursday 16 June 2022	12:00hrs to 18:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, it was clear that the people living at Sligo Semi Independent Accommodation were enjoying a good quality life and were supported to be active participants in the running of the centre and be involved in their communities.

Sligo Semi Independent Accommodation comprises two properties located close to each other in a residential estate. On the afternoon of inspection, the inspector met with the person in charge and the team leader at one of the two properties. The person participating in management joined the meeting a little later. The person in charge spoke with the inspector about some of the changes that had taken place in the designated centre. For example; three of the residents had moved from one of the properties to another and some rooms had a change of primary function. The person in charge told the inspector that these changes occurred over a period of time, in consultation with the residents and their families and had worked very well.

On the day of inspection, the residents were attending their day time activities. One resident was at home as they were unwell. The inspector observed the resident in their room, listening to music and completing an activity of their choice. They spoke with the inspector briefly and said that they were happier in their home "now" and it was explained that this was due to the changes that had taken place as outlined above. The residents in the second property returned to their home later in the day. The inspector could see that they were at ease in their home, were making choices about what to do and appeared relaxed with the staff on duty. They spoke with the inspector about contact with their families and friends and about activities that they enjoyed, for example; going to town, having lunch out, trips to the hairdresser and horse riding. On the previous evening, some residents had attended a water based exercise activity which they said that they enjoyed very much.

The property visited on the day of inspection was welcoming and well presented. There was a safety pause at the front entrance, with a symptom check sheet and a contact tracing sign in sheet. There was a sitting room at the front of the property. It was bright, homely and had personal items displayed. The bathrooms were clean and tidy with foot operated bins provided for waste management. There was a large kitchen and dining room which was well equipped, and a small utility room for the storage of equipment and the laundering of clothing. At the rear of the property there was a nice garden. There was a shed for the storage of mops, buckets and other equipment. Raised flower and vegetable beds were provided for residents use and garden furniture was provided for eating or relaxation. The inspector did not view the residents' bedrooms on this inspection.

The inspector visited the second property briefly and observed that the kitchen, sitting room and hallway were clean, tidy and well presented. There was a pleasant atmosphere and as it was lunchtime, there was an aroma of home cooked food. The inspector saw that work was completed on the back garden since the last visit and

the person in charge told the inspector about further plans in place to maintain this space. There was a donning and doffing station set up in this house. The donning station was located in an appropriate location, was correctly stocked with personal protective equipment and was clean and tidy.

Residents were reported to have good contact with their families. This was facilitated through visits home at weekends and telephone calls. Furthermore, residents were actively involved with their friends and in their local community. It was evident to the inspector that the residents valued their independence and the provider supported this through a policy on positive risk taking and promotion of independence. For example, on the evening of inspection the team leader contacted one resident by mobile telephone. They told the staff member that they were "down the town" and described the location and their planned time of return.

From observations in the centre and information viewed during the inspection, it was evident that residents had a good quality of life, where their rights and choices were respected. Furthermore, it was clear that the person in charge and the staff present prioritised the wellbeing, safety, independence and quality of life of residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

The inspector found that residents received care and support that was person-centred in nature and facilitated them to enjoy activities of their choice. There were management systems in place to ensure that the service provided was safe and appropriate to residents' needs. However, improvements were required in the statement of purpose which would improve the quality and safety of the service provided.

The inspector viewed the statement of purpose for the designated centre in light of the planned changes outlined above. It had not been revised to reflect the changes occurring and was not in line with the requirements of Schedule 1 of the regulations. For example, the changes to the floor plans and primary function of some rooms and the changes to the facilities provided in each property.

A review of policies and procedures as required under Schedule 5 of the regulations was completed. For the most part, the policies reviewed were up to date. However, the person in charge explained that some policies and procedures were not updated and this was due to the effects of the cyber-attack. A process was in place to

address this.

A staff roster was available and the inspector found that this provided an accurate description of the staff on duty on that day. The person in charge told the inspector about the changing needs of the residents and the additional staffing supports provided in order to meet with these needs. Improvements had taken place since the last inspection, for example; there was 24 hour support available in one of the properties and an assistive technology system for residents use in the second property. This meant that they could use a fob based system to request support if required. However, the person in charge said that as time progressed a sleep over staffing arrangement would be required for both properties and a plan was in place to progress this. Relief staff were available through an out-of-hours arrangement and the staff provided were familiar with the residents which ensured that consistency of care was provided. Staff meetings were taking place regularly and communication in the centre was reported to be open and supportive.

Staff had access to training as part of a continuous professional development programme. The inspector reviewed the training schedule and all training from the sample viewed was found to be up to date. In addition, the person in charge ensured that regular staff supervision was taking place and minutes of these meetings were available.

The inspector reviewed the incident management system used in the centre and found that it was used appropriately to report concerns. Furthermore, monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation. An effective complaints procedure was in place and this was available in easy-to-read format for residents use, along with information on access to the local complaints officer, the confidential recipient and local advocacy service. The person in charge told the inspector that the complaints policy was discussed at all residents meeting. There was one open compliant on the day of inspection and this was proceeding in line with the provider's complaints policy.

The inspector found that this designated centre was appropriately resourced to ensure the effectively delivery of care and support and there were processes in place to plan for future needs. There was a defined management structure used with clear lines of authority identified. The annual review of quality and safety of care and support was available for review. It was up-to-date and the report preparation included consultation with the residents and their families. Furthermore, the twice per year provider-led audit was completed and up to date.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. However, improvements were required with the statement of purpose, as the changes made had not been notified to the Authority and the statement was not updated to reflect these changes. The next section of this report will describe the care and support provided and if it was of good quality and ensured that people were safe.

Regulation 15: Staffing

The provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents and the size and layout of the designated centre. Relief staff were available through an out-of-hours arrangement and the staff provided were familiar with the residents which ensured that consistency of care was provided.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training as part of a continuous professional development programme. The inspector reviewed the training schedule and all training from the sample viewed was found to be up to date. In addition, the person in charge ensured that regular staff supervision was taking place and minutes of these meetings were available.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was appropriately resourced to ensure the effectively delivery of care and support. There was a defined management structure in place with clear lines of authority identified. The annual review of quality and safety of care and support, and the twice per year provider-led audit were up to date.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector viewed the statement of purpose for the designated centre in light of the planned changes outlined above. It had not been revised to reflect the changes occurring and was not in line with the requirements of Schedule 2 of the regulations.

Judgment: Not compliant

Regulation 31: Notification of incidents

Monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured that an effective complaints procedure was in place. It was available in easy-to-read format for residents use, along with information on access to the local complaints officer, the confidential recipient and local advocacy service. There was one open compliant on the day of inspection and this was proceeding in line with the provider's complaints policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

A review of policies and procedures as required under Schedule 5 of the regulations was completed. For the most part, the policies reviewed were up to date. However, the person in charge explained that some policies and procedures were not updated and this was due to the effects of the cyber-attack. A process was in place to address this.

Judgment: Compliant

Quality and safety

The inspector found that the wellbeing and welfare of the residents was promoted by the good standard of care and support provided. However, improvements were required in the provision of an up-to-date statement of purpose which would further enhance the safety of the service provided.

The residents at this designated centre had a range of healthcare needs. Discussions

with the person in charge along with a documentation review showed that these needs were provided for appropriately and consistently. Care plans were in place and these were up-to-date and regularly reviewed. Access to the multidisciplinary team was facilitated. There was evidence of advice and support from occupational therapy, physiotherapy, chiropody, general practitioner (GP), mental health services and consultant led care. For example, one resident had changing healthcare needs and it was evident that the person in charge and the staff team facilitated a very good level of care and support. This included ongoing medical review, changes in medications prescribed, access to occupational therapy and speech and language therapy and supporting the resident to use new equipment such as; an adapted bed and chair. Furthermore, staff in consultation with allied health professionals had a plan in place to a purchase a mobility scooter which would promote the resident's independence in the community.

The inspector found that safeguarding matters were discussed at the weekly resident meetings and at the monthly staff meetings. This showed that the provider had ensured that the residents in this designated centre were assisted to develop the knowledge, understanding and skills needed for self-care and protection. Furthermore, residents spoken with by the inspector were aware of what to do if they had a concern. The staff employed had safeguarding training provided and the attendance records were up to date. The person in charge and the team leader were found to have a good understanding of the safeguarding needs in this centre and had made arrangements for enhanced staff training to take place in July and September this year.

The inspector found that the rights of the residents were respected and their independence and autonomy was promoted. Residents were actively involved decision making. These included day to day decisions such as choosing what to do in the evenings or longer term decisions such as planning an event or participation in the resident transition plan meetings which were used to reconfigure the bed provision in the houses. As previously mentioned, the provider had a positive risk taking policy in place and "my choice documents" were in use. For example, one resident choose to smoke cigarettes and their my choice document supported their decision to do so in a safe location outside of the designated centre.

The inspector observed significant improvements in the premises provided since the last inspection and areas identified at that time as requiring maintenance and repair were completed. The person in charge told the inspector that there was a maintenance log in place and this was audited on a weekly basis by the team leader and on a monthly basis by the person in charge. On the day of inspection works had commenced on upgrading the gardens in both properties and plans were in place for internal painting and decorating where required.

The provider ensured that there were procedures in place for the prevention and control of infection. These included availability of hand sanitisers at entry points, posters on display around the designated centre and a number of staff training courses were provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control audits, risk assessments and ongoing discussion with

residents. There was a COVID-19 management plan in place which provided site specific guidance on the actions to take in the event of an outbreak.

The provider had ensured that there were effective fire safety management systems in place to detect, contain, evacuate and extinguish fires. All staff had up-to-date fire training and monthly fire drills were taking place using a range of evacuation scenarios. Furthermore, the personal emergency evacuation plans (peeps) had been updated in line with the recent changes in the sleeping arrangements in the property. The inspector noted that there were easy-to-read visual posters displayed throughout the property visited which supported residents understanding of the risks posed by kitchen appliances and provided advice on safe usage. All staff had up-to date fire training and a system of mock call training was in place to support residents understanding of what to do in care of an emergency.

Overall, the inspector found that residents at Sligo Semi Independent Accommodation were supported with their individual needs and a good standard of care was provided. Improvements in the provision and oversight of the statement of purpose used in the designated centre would improve the quality and safety of the service provided.

Regulation 17: Premises

The provider had ensured that the premises provided was clean and suitably decorated. Where maintenance was required, a plan was in place to progress this.

Judgment: Compliant

Regulation 27: Protection against infection

The provider ensured that there were procedures in place for the prevention and control of infection. These included availability of hand sanitisers at entry points, posters on display around the designated centre and a number of staff training courses were provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control audits, risk assessments and ongoing discussion with residents. There was a COVID-19 management plan in place which provided site specific guidance on the actions to take in the event of an outbreak.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were effective fire safety management systems in place to detect, contain, evacuate from and extinguish fires. All staff had up-to-date fire training and monthly fire drills were taking place using a range of evacuation scenarios. All staff had up-to date fire training and a system of mock call training was in place to support residents understanding of what to do in care of an emergency.

Judgment: Compliant

Regulation 6: Health care

The person in charge had ensured that residents had access to medical practitioners and allied healthcare professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Judgment: Compliant

Regulation 8: Protection

The provider and the person in charge had ensured that residents were assisted to develop the knowledge, understanding and skills needed for self-care and protection. Furthermore, residents spoken with by the inspector were aware of what to do if they had a concern. The staff employed had safeguarding training provided and the attendance records were up to date. The person in charge and the team leader were found to have a good understanding of the safeguarding needs in this centre and had made arrangements for enhanced staff training to take place later this year.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the rights of the residents were respected and their independence and autonomy was promoted. Residents were actively involved decision making. A positive risk taking policy in place and "my choice documents" were in use.
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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sligo Semi Independent Accommodation OSV-0004442

Inspection ID: MON-0028134

Date of inspection: 16/06/2022

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 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • The PIC has revised the Statement of Purpose to reflect the changes that have occurred within the service in line with the requirements of Schedule 2 of the regulations. The provider has also submitted an application to vary in line with these changes.	

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 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Not Compliant	Yellow	08/07/2022