



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:	Short Notice Announced
Date of inspection:	26 May 2021
Centre ID:	OSV-0004442
Fieldwork ID:	MON-0032551

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 based on the social care model, and identifies themselves as a low support service for residents to assist them to maintain and develop their independence in all aspects of daily living. The centre is located in a residential area on the outskirts of Sligo town, but close to local amenities such as shops and leisure facilities. The centre is also a short walk or accessible by public transport to further facilities and amenities in the town centre. The centre comprises of two houses in close proximity to each other. 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. Residents have access to a communal sitting room and kitchen/dining room as well as two bathrooms with shower facilities in each. The house also contains a staff office which caters for the administrative needs of both houses within the centre. The second house provides accommodation for four residents. Residents have access to a communal sitting room and kitchen/dining room along with a bathroom with a shower facility and an additional downstairs toilet. 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 two community support workers. Staffing arrangements are provided in line with the assessed needs of the residents during the day, and there is no staff support at night, however, residents have access to staff contact details if they require staff support

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 May 2021	09:30hrs to 15:30hrs	Thelma O'Neill	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector met three residents in the centre, the three residents shared a house together and four residents lived in another house in close proximity to the first house. Two of these residents were busy at work or participating in social activities and the two other residents were at home.

Due to the COVID-19 pandemic, the inspector only visited one house and met the residents and staff working in that house. The inspector adhered to public health guidance in relation to face masks and physical distancing. The inspector met with two residents on arrival at the centre and spoke to a third resident later in the afternoon when he returned from an outing. The residents told the inspector they were all happy living in the centre and spoke about the activities in the house that they were involved in such as the garden project where they were working on renovating the back garden and painting the seat benches and shed and learning to do woodwork. They also told the inspector about a fundraising walk they were involved in to fund raise for a local charity. One resident had returned to horse riding and was starting a course in the coming weeks on horsemanship and was supported by staff to attend same.

One of the residents told the inspector that they had changed their bedroom to another room since her last visit and he was supported to redecorate his new room and he was delighted with the outcome. He said that he loved to walk and loved to bring their dog for regular walks. The residents told the inspector that they were very happy living in the centre and that things had improved a lot since my last visit to the centre, that they were doing more activities and there was more staff support and a new manager available when required.

Another resident told the inspector about his job in the local supermarket, and how he enjoyed it a lot, he also said he enjoyed painting the garden shed with the support of staff in the evenings. Staff told the inspector that another resident was also taking guitar lessons and taking literacy and cooking lessons which they enjoyed.

Since the last inspection, the inspector observed there was a new person in charge managing the centre and there was also a new team leader managing the day-to-day operations of the centre.

There was also a staff member providing outreach support to the residents both in the centre and at home a couple of times a week. They all had an active presence in the centre and it was clear from speaking to them and the residents that the centre had become a person centre service and promoted the residents choices, rights and dignity in line with their care and support needs.

Capacity and capability

This inspection was a follow-up risk inspection from the inspection completed on the 19/11/2020 where the inspector had issued seven non-compliance's and 4 substantial compliance's and two compliances with the regulations. This centre has been in escalation over the past 18 months which resulted in a restrictive condition being placed on the registration of this centre. Following the last inspection, a cautionary meeting with the provider had taken place, where the provider was given a verbal warning by the regulatory to bring this centre back into compliance with the Health Act 2007. The provider provided a robust response to the inspection report and compliance report issued to them and in addition to the compliance plan response, they also submitted a quality improvement plan to HIQA with assurances that they would take appropriate measures to address the significant non-compliance's in the centre.

On this inspection, the inspector found significant improvement in the overall governance and operational management of the centre and level of compliance with the regulations. The inspector reviewed fourteen regulations and all were found to be fully compliant. Consequently, the provider has been requested to submit an application to remove the restrictive condition on this centre.

Since the last inspection, the person participating in the management of this centre took over the role of the person in charge and he was the interim manager responsible for the management of three designated centres in the local area. He was suitably qualified and had the skills and experience to manage the centre, and provided the staff with the support and supervision required to bring this centre back into compliance with the regulations.

The provider had also appointed a new team leader to the centre to support and manage the day to day operational management of the centre and from speaking to residents and staff they all confirmed that the changes in governance and management had made significant improvement in the quality and safety of care provided in the centre.

The provider had also completed an annual review of the quality and safety of care in the service, and the actions identified in this audit were completed. The provider also had completed 6 monthly reviews of the centre on the 23/3/2021 and had identified some areas for improvement and had an action plan in place to address same. There was evidence that these actions had been or were being addressed and their was fortnightly oversight report maintained by the provider representative. This demonstrated good governance and management of the centre.

Staffing arrangements in the centre were reviewed and there was a consistent staff team working in the centre, and the staff roster accurately reflected the staff working in the centre and the hours they worked in the centre. The inspector also reviewed the staff training arrangements in the centre and found all staff had up to-date training completed. There was a monthly planning schedule available to all

staff to book training due and the team leader was responsible for the monthly oversight of same.

Overall the inspector found that there was significant improvements in the governance and management of this centre and found good oversight of the day-to-day operations and all regulations were found to be fully compliant.

Regulation 14: Persons in charge

A new person in charge was appointed to the centre since the last inspection and he worked full-time and had the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had reviewed the staffing arrangements in the centre and completed a staffing needs analysis and ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was a staff training schedule accessible to all staff, and on review all staff had up-to-date training in mandatory training completed. The team leader had managed the training schedule and ensured all staff were trained in line with the organisation's policy in professional development programme.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective governance and management arrangements in place in the

designated centre to ensure that the services provided were safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose available containing the information set out in Schedule 1 as required.

Judgment: Compliant

Quality and safety

Residents received a good standard of care and support at Sligo Semi-Independent Accommodation. Residents were supported by a knowledgeable staff team who ensured that the care and support provided to residents was in line with residents assessed needs, likes and preferences. Furthermore, there had been significant improvements in the governance and management of the centre and staffing available in the centre who were engaged in supporting residents' well-being and their opportunities to make choices about their daily lives.

Comprehensive personal planning arrangements were in place for all residents at the centre. From discussions with staff and observations during the day the inspector found the care and services delivered to residents were in line with their individual care plans especially in relation to their health care needs and daily activities. There had been a considerable decrease in the incidents of behaviours of concern displayed in the centre since the last inspection, residents told the inspector that they felt more supported and there was an more active presence of staff available to them in the centre.

The person in charge ensured that residents' care plans were subject to regular review to ensure their effectiveness and were updated in response to recommendation from multi-disciplinary professionals. The person in charge had also completed risk assessments of the capacity of each resident to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.

There was no active safeguarding concerns in the centre and previous concerns had been investigated and supports were available as required. Residents also had positive behaviour support plans in place and staff were familiar with them. In addition, the person in charge had reviewed restrictive practices previously

implemented and deemed them no longer required in the centre.

The registered provider had reviewed fire safety management systems since the last inspection and had adequate precautions were in place against the risk of fire in the designated centre. They also had ensured there were adequate means of escape, including personal evacuation plans for each resident.

Infection control arrangements at the centre were robust in nature and reflected current public health guidance associated with the management of a possible outbreak of COVID-19. The person in charge had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities such as an outbreak amongst residents or staff shortages. The plan was kept under regular review to ensure it guided staff effectively and reduced the level of risk. The contingency plan was also supported by improved infection control arrangements at the centre such as regular cleaning schedules for all parts of the building, provision of staff changing facilities, temperature checks for staff and visitors to the centre and the wearing of personal protective equipment (PPE).

Regulation 26: Risk management procedures

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. The provider had put robust risk control measures in place to identify and manage adverse risks and their impact on the resident's quality of life.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of a health care associated infection were protected by adopting procedures consistent with public health guidelines, particularly in terms of the management of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had reviewed fire safety management systems since the last inspection and had adequate precautions in place against the risk of fire in the

designated centre. They also had ensured there were adequate means of escape, including personal evacuation plans for each resident.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had completed risk assessments of the capacity of each resident to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had reviewed the residents assessment of need and support plans and ensured they were comprehensive and in line with the residents care and support needs.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were being met and they had access to their general practitioner and multi-disciplinary supports as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had positive behaviour support plans in place and staff were familiar with them. In addition, the person in charge had reviewed restrictive practices previously implemented and deemed them no longer required in the centre.

Judgment: Compliant

Regulation 8: Protection

Safeguarding risks in the centre were reviewed and appropriate supports were put in place for the residents concerned. There was no active safeguarding risks in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were protected in the centre and they were supported to make independent decisions and make choices and had control over their lives.

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	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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