



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

Issued by the Chief Inspector

Name of designated centre:	Doon Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	07 November 2022
Centre ID:	OSV-0005747
Fieldwork ID:	MON-0032709

About the designated centre

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

Doon Accommodation Service is a detached dormer bungalow with an adjoining annex located in a rural area but within a short driving distance to a nearby town. It provides a full-time residential service for up to five male residents, between the ages of 18 and 65 with intellectual disabilities, autism and mental health needs. Each resident in the centre has their own bedroom and other rooms provided include kitchens, living rooms, a TV room, a utility room and bathrooms. Residents are supported by the person in charge, team leaders and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
Monday 7 November 2022	09:15hrs to 18:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre enjoyed a good quality of life and were offered a person centred service, tailored to their individual needs and preferences. Residents were seen to be well cared for in this centre, and there were local management systems in place that ensured a safe and effective service was being provided. The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them and that residents were supported and encouraged to exercise their rights.

The centre comprised a large standalone two-storey house and an attached annex apartment. The main house could accommodate four residents and the apartment was home to one resident. The centre was located in a rural area and residents had access to a large outdoor area also. The resident living in the apartment had access to a secure outdoor area outside of their apartment and this was seen to have been tastefully decorated in line with the preferences of the resident. The centre was fully occupied at the time of this inspection.

Overall, the inspector saw that the centre was well maintained and appropriate to the needs of the residents living there. Some minor issues relating to the premises were identified such as paintwork and there was a plan in place for these works to be completed. A couch in the main sitting was seen to require repair or replacing and the person in charge committed to replacing this once her attention was brought to it. Also the front gate was broken on the day of the inspection and was due to be repaired. One resident occupied an annex apartment attached to the main building. This annex had a separate entrance and its own enclosed entrance walkway and garden area. This apartment was decorated in line with the preferences and assessed needs of the resident living there, including specific measures designed to enhance the environment and make it more accessible for the resident, who had a visual impairment.

The inspector saw that the centre was homely and decorated in line with residents' preferences. Residents' bedrooms were personalised and there were areas where residents could relax and meet with visitors in private. Numerous photographs were displayed throughout the centre of residents enjoying both external activities and activities in the centre. Residents had access to cooking and laundry facilities and one resident was observed baking on the day of the inspection. While there were some restrictions in place in this centre for health and safety reasons, these were seen to be carefully considered and put in place in a manner that would have the least impact on residents.

The inspector had an opportunity to meet with all of the residents of this centre and to view all parts of the centre. Residents were observed leaving and returning to the centre for planned activities throughout the day. Some residents chose to interact with the inspector at different times of the day and the inspector saw that residents in the centre were free to move about independently and were comfortable to

access all areas of their home, including the office where the person in charge would base themselves while in the centre. This showed that residents had a positive and collaborative relationship with staff and management of the centre, based on equality, dignity and respect. Some residents told the inspector that they liked their home and were happy living there. Some residents chose to limit interactions with the inspector and this wish was respected. The inspector saw and heard that staff provided reassurance and support to residents in line with their assessed needs. For example, one resident received some reassurance about the presence of the inspector and the reasons that they were present.

On the day of the inspection, one resident told the inspector about an upcoming holiday they going to take. The resident had been supported by staff in the centre to apply for a passport and was planning the holiday, including plans to visit a person that was important to them. The inspector heard staff encouraging this resident to make decisions for themselves about the things they would like to do and see while on this trip. It was intended that this resident would be supported by staff from the centre for the trip.

Overall, this inspection found that there was evidence of good compliance with the regulations and that this meant that residents would be afforded safe services that met their assessed needs. The next two sections of the report present 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 service being delivered.

Capacity and capability

Management systems were seen to be in place in this centre that provided for a high quality, responsive and person centred service to the residents living there. Local management systems were in place that ensured that the services provided within the centre were safe, consistent and appropriate to residents' needs. This inspection found that following the findings of the previous inspection, action had been taken to bring the centre into compliance with Regulation 27.

The person in charge reported to an Integrated Services Manager (ISM), who in turn reported to a Regional Operating Officer. The ISM was also a named person participating in the management of this centre. The person in charge of this centre was present on the day of the inspection. This person had returned to this role since the previous inspection following a period of planned leave, and was very familiar with the residents that lived in this centre. The inspector had an opportunity to speak at length with this individual throughout the day and to observe them in their interactions with the residents that lived in the centre. The person in charge was seen to maintain good oversight of the centre and it was clear that they maintained positive collaborative relationships with residents. It was evident that the person in charge fostered and promoted a rights based service in the centre that

was tailored towards the needs of the residents that lived there. The person in charge was full time in their role and had recently increased their remit to take charge of another designated centre also. They told the inspector about the management systems they had in place to ensure that they were able to continue to maintain full oversight of this centre.

The person in charge was supported in their role by a team leader, who maintained day-to-day oversight of the centre when the person in charge was not present. Organisational structures such as audit systems were in place to support staff and management of the centre, and provide oversight at provider level. It was seen that the audit systems in place in the centre ensured that any issues were identified and acted upon in a timely manner. The inspector saw that a number of audits had been completed in the centre and there was evidence that actions identified in these were being completed.

The centre was seen to be adequately resourced. Residents had access to transport to facilitate medical appointments and social and leisure activities. The centre was appropriately maintained and the person in charge told the inspector about a planned schedule of works that was due to be completed to ensure that the premises was maintained to a good standard. Staffing levels were seen to be adequate to ensure that that residents could spend time doing what they enjoyed and that residents were supported in line with their assessed needs. Residents in the main house were supported by three or more staff during the day and one staff member at night time, while the resident that lived in the adjoining annex apartment was supported by one staff member at all times. Some of the staff working in the centre had worked with residents for long periods, including some that had worked with residents in previous placements.

Staff spoken to were very familiar with residents' needs, likes and dislikes. This provided residents with continuity of care and consistency in their daily lives. New staff were provided with appropriate training to support them in their roles. There were no volunteer or agency staff providing support to residents in this centre at the time of the inspection. Staff members spoke positively about the management of the centre and the support provided to them by the person in charge.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and was seen to maintain very good oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents. Staffing levels were appropriate to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were viewed and these showed that staff training had been completed in a number of areas including fire safety and safeguarding of vulnerable adults. The person in charge maintained good oversight of the training needs of staff, staff had access to refresher training as required and new staff were provided with training relevant to their roles.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems in place were ensuring that good quality and safe services were being provided to residents. The centre was adequately resourced and there were appropriate auditing and oversight systems in place to ensure a safe and consistent service. An annual review had been completed in respect of the centre and included consultation with residents and their family members.

Judgment: Compliant

Regulation 34: Complaints procedure

The person in charge had ensured residents were provided with accessible information regarding the complaints procedure and residents were supported to make complaints if they wished. An up-to-date complaints policy was in place.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents in this centre was maintained by a good standard of evidence-based care and support. Safe and good quality services were provided to the five residents that lived in this centre.

The inspector viewed a number of documents throughout the day of the inspection, including a sample of residents' personal plans, healthcare support plans and positive behaviour support guidelines. The documentation viewed was seen to be well maintained, and information about residents was up-to-date and person-focused. There was clear evidence that residents were actively consulted with about the plans in place to support them and involved in decisions about their lives.

Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. These plans were subject to regular review and included meaningful goals. For example, two residents in the centre had recently applied for passports for the first time. On the day of this inspection one resident was finalising plans to travel abroad with a family member. This trip was being planned by the resident and there were plans in place for staff to support this resident on this holiday and for the resident to be supported to meet an important person in their life that they had not seen in a long period of time.

As mentioned previously in this report, there were some restrictions present in this centre, such as restricted access to certain foodstuffs and fluids for some residents. These were seen to be in place to promote the safety and wellbeing of residents and had been identified as appropriate in a restrictive practice log. Restrictions were subject to regular review and there was evidence that there was ongoing efforts to reduce or eliminate restrictions where possible. The inspector saw that there were also efforts made to assist residents to understand and take control of some of the restrictions in place. For example, one resident who was required to limit their fluid intake and liked to drink large amounts of tea had a physical 'tea chart' that contained slots with a teabag for each cup of tea that they could have for the day. The resident was able to use this chart themselves to control their fluid intake.

There was evidence that residents had good access to healthcare supports,

including mental health supports and access to allied health professionals as required. Records viewed showed that residents were supported to make and attend medical appointments as required and residents' healthcare needs were reviewed at least annually. A resident in the centre had been supported to significantly reduce the number of cigarettes they smoked following medical advice.

The person in charge told the inspector that one resident preferred their environment to be maintained in a particular way and did not tolerate changes to their environment well. An occupational therapist had recently reviewed this individual's living space and made recommendations about some alterations that could benefit the resident. The person in charge had arranged for a behaviour support professional that was familiar with the resident to work with the occupational therapist to ensure that these changes could be implemented in a manner that would have the least impact on the the resident.

As mentioned earlier in this report, the previous inspection had highlighted some poor practice in relation to IPC in this centre. This unannounced inspection found that positive changes had occurred since that inspection and that there was a strong awareness of IPC in the centre on the day of this inspection. The centre was seen to be very clean throughout and staff had a good awareness of IPC measures to take to protect residents, other staff and visitors. Staff were observed to attend to hand hygiene appropriately and staff had received up-to-date training in areas including hand hygiene, IPC, food hygiene and the use of PPE.

Regulation 11: Visits

The registered provider facilitated the residents to receive visitors if they wished. There was an identified area in the centre that was suitable to facilitate residents to receive visitors in private if they wished. While a risk assessment had been put in place with controls to mitigate against certain risks during the COVID-19 pandemic the inspector was told that there were no restrictions on visiting in this centre at the time of this inspection.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable to meet the needs of the residents. Resident bedrooms were decorated in a manner that reflected the individual preferences of residents. The centre was clean and maintained to a good standard. There was suitable outdoor areas available for the use of residents. Some maintenance works were due to be completed in the centre. For example, some internal painting required touching up and some external painting was due to be completed also. The front

gate was broken also. There was an appropriate plan in place to ensure that these works would be completed in a timely manner.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents in this centre were consulted with about the food that was provided to them. A sample of menu plans viewed showed that residents were offered a variety of choices throughout the week and there were refreshments and snacks available to residents at all times. The person in charge had oversight of the food being provided to residents. Residents were supported with specific dietary needs, such as modified texture foods or restricted fluids, and were consulted about these matters.

Judgment: Compliant

Regulation 27: Protection against infection

Since the previous inspection the registered provider had completed a number of actions to ensure that infection control measures were in place that were in line with public health guidance and guidance published by HIQA. The centre was being regularly cleaned and there was appropriate PPE and hand sanitisation facilities available. Staff were observed to carry out appropriate hand hygiene. There was an infection prevention and control policy in place that was being reviewed at the time of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of residents' personal plans were viewed. Documentation in place showed that residents were involved in annual person centred planning meetings and that efforts were made to include family members and people important to the residents in this process. Appropriate goals were clearly identified in these plans and there was clear evidence of progression, completion and ongoing review of goals. Goals in place were meaningful and in line with residents' expressed wishes.

Judgment: Compliant

Regulation 6: Health care

Overall, residents in this centre were offered good healthcare supports. Healthcare records viewed showed that residents had access to a general practitioner on a regular basis and as required. Residents had access to various allied health professionals including mental health supports. Residents were supported to make and attend healthcare appointments. Where a resident had initially declined a review by a health professional, it was seen that appropriate supports were put in place for the resident and that this appointment had successfully taken place.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were some restrictions in place in this centre. These were seen to be in place due to health and safety concerns and the documentation viewed showed that there were planned and considered efforts to reduce or eliminate restrictions where possible and safe to do so. Comprehensive positive behaviour support guidelines were in place to guide staff to support residents where required. Where residents engaged in behaviour that might be harmful towards themselves or others, these incidents were reviewed and action taken to reduce or prevent reoccurrence if possible.

Judgment: Compliant

Regulation 9: Residents' rights

There was a strong focus on resident rights in this centre. Residents were supported to exercise their rights and residents were seen to have choice and control over their daily lives and participate in meaningful activities of their own choosing. Staff were observed to speak to and interact respectfully with residents and the person in charge and staff team spoke about residents in a manner that was rights focused.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant