



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

Issued by the Chief Inspector

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| Name of designated centre: | Doon Accommodation Service |
| Name of provider: | The Rehab Group |
| Address of centre: | Kerry |
| Type of inspection: | Announced |
| Date of inspection: | 23 October 2023 |
| Centre ID: | OSV-0005747 |
| Fieldwork ID: | MON-0032695 |

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:

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 (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 23 October 2023 | 09:05hrs to 16:30hrs | Kerrie O'Halloran | Lead |

What residents told us and what inspectors observed

This was an announced inspection, completed to inform the decision making with regard to the renewal of the centre's registration. From what the inspector observed, the residents enjoyed a good quality of life and were well cared for in this designated centre. There were four residents living in this centre at the time of this inspection. The inspector had the opportunity to meet with all four of the residents. There were management systems in place that ensured a safe and effective service was provided. Overall, the inspector found that there was good compliance evident with the regulations in this centre with some improvement required in staff training and fire precautions.

The centre comprised of a four bedroom bungalow, with kitchen-dining room, sitting room, utility room, four bathrooms and a large garden area with seating. There is also an adjoining annex apartment to the rear of the property which has its own access and garden area, this was home to one resident. There was one vacancy on the day of the inspection and a new resident had been identified by the provider to transition to the centre in November 2023.

On arrival to the centre, the inspector was greeted by the person in charge, team leader and one of the residents. The resident was happy to see the inspector and introduced them to two members of staff who were in the kitchen. Shortly after the resident showed the inspector their bedroom which they had recently painted themselves. The resident was very proud of their work, and had their bedroom decorated with many of their personal items. Later in the afternoon, the resident showed the inspector the pet fish they had and how they feed the fish daily. They were then supported by staff to complete some exercises as recommended by a physiotherapist. The staff were very knowledgeable and encouraging of the residents' needs and the supports in place to complete the exercises.

The second resident spoken with greeted the inspector warmly. They were ready to head out to a local café, which was a regular event. The resident told the inspector that another resident would be going with them. They showed great pride in their appearance showing the inspector the clothes they had on. The third resident was in the kitchen having a cup of tea with staff before they headed out. The resident appeared happy and relaxed. The person in charge completed a walk around of the bungalow with the inspector. The centre was seen to be clean throughout, well-furnished and homely. The centre had recently won an Irish Healthcare Award for residential home of the year. This was proudly displayed in the hallway of the centre and the residents and staff spoke about the big party they had to celebrate the achievement.

The inspector visited the annex apartment, where the resident was on their way out for the day for a planned activity. The resident did not verbally communicate with the inspector, but was clearly able to communicate their needs, likes and dislikes to the staff member supporting them and the team leader who was also present. The

staff told the inspector they were heading for a picnic and to visit a scenic town in the county for the day, the resident appeared happy about this. The apartment had a private garden for the resident with seating and was seen to be decorated nicely with items the resident enjoyed, such as, a bird feeder and bird bath. The resident's apartment was decorated as per their preference and assessed needs, and was seen to be clean throughout.

As the inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. Residents completed the questionnaires and stated that they were happy in their home and gave examples of activities they enjoy, such as, attending a day service for activities, going to the shop, going out for lunch, gardening and playing tennis. Residents commented that they liked the staff that supported them.

The next two sections of the report present the finding of the 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

The inspector reviewed the capacity and capability of this centre to provide a safe and effective service for the residents that lived there. The centre was previously inspected in November 2022 with positive findings on that inspection. There had been a change in the person in charge since the previous inspection with the current person in charge in situ since July 2023. Overall, the findings of this inspection remained positive. Some improvements were required in fire precautions and staff training.

A clear management structure was present and as mentioned the inspector met with both the person in charge and one of the team leaders of this centre on the day of the inspection. The inspector was satisfied that the management team maintained a presence in the centre. The person in charge had a remit over another designated centre which was located close by. An on-call management rota was in place to provide staff with additional support if required out-of-hours, and this was displayed in the staff office. Team meetings were taking place regularly and the person in charge had an audit schedule in place, which included actions and time lines where improvement was required.

There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review for 2022 and an unannounced provider six-monthly audit which had recently taken place October 2023. These quality assurance audits identified areas for improvement and action plans were developed in response. The person in charge was also supported with regular management meetings with the centre's persons participating in management.

On the day of the inspection, the inspector reviewed the staffing rosters and staffing compliment as per the centre's statement of purpose. The person in charge maintained a planned and actual roster for the centre. The centre had one staff vacancy. From a review of the rosters this vacancy was being managed with cover from regular and familiar staff. The provider was actively recruiting for this position.

Staff training records were viewed by the inspector. Staff had received training in areas such as fire safety, safeguarding as well as variety of other disciplines to support the care and needs of the residents living in the centre. Training records viewed by the inspector indicated that a high level of training had been completed by all staff and overall refresher training was taking place. The staff had training in place to support the assessed needs of the residents. However, it was seen from the records viewed that one staff member's epilepsy training had expired earlier in the year and they were due a refresher training.

The provider had ensured records of the information and documents in relation to staff specified in Schedule 2 of the regulations were available for the inspector to review. All necessary information for staff was on file including references, Garda Síochána (police) vetting and photo identification.

A record of all incidents occurring in the centre was maintained, and where required, these were notified to the Chief Inspector of Social Services within the time lines required in the regulations.

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.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual

health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. From a review of the roster, there was a staff team in place as per the statement of purpose which ensured continuity of care. At the time of the inspection, unplanned and planned leave was being managed through regular relief staff and members of the staff team. The inspector was informed that the provider was actively recruiting for one staff vacancy.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records, it was evident that the staff team had access to appropriate training, including refresher training in areas including safeguarding, infection prevention and control and fire. However, one staff member required refresher training in epilepsy, as this was an assessed need of the residents in the centre and from the records viewed this staff member's epilepsy training had expired in February 2023.

A staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed the supervision records and found all staff received supervision regularly in line with the provider's policy.

Judgment: Substantially 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 set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 were in place and available for the inspector to review.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of quality assurance audits taking place to ensure the services being provided were appropriate to the resident's needs. The quality assurance audits included the annual review for 2022 and six monthly provider audits. In addition, the person in charge was completing a number of audits in the designated centre and a schedule of these audits was in place for 2023.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of incidents occurring in the centre and the Chief Inspector was notified of the required incidents as set out in Regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that the residents were aware of the complaints process and it was available in an easy-to-read format. This was discussed regularly at the centre's residents meetings. There was a complaints policy and a system in place to ensure complaints would be responded to and that a records were maintained. Information about the complaints officer and complaints process was clearly displayed in the centre. No complaints had been received for this centre in 2023.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the residents were in receipt of a good standard of care and support in the centre. They lived in a warm, safe, comfortable home. They were being supported to be active participants in their home and their local community. Care and supports were delivered through a person-centred approach. Residents were very much involved in the day-to-day running of their home. Each resident was supported with a weekly activity schedule which included activities of interest. Residents' meetings were occurring regularly and agenda items included areas such as safeguarding, fire, complaints, menu planning and activity planning.

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment to ensure all was in correct working order. Each resident had a personal emergency evacuation plan (PEEP) which were reviewed regularly to ensure that each resident's specific support needs were met. Residents had an awareness of fire safety and the local fire brigade had visited the centre to educate the residents on staying safe in the home and community. Pictures of this were displayed in the centre. There was evidence of regular fire evacuation drills taking place in the centre. However, from the records of fire drills reviewed on the day of the inspection the centre had not completed a fire drill to reflect a time when minimum staffing would be on duty in the centre in the previous 12 months.

Each resident had access to a behavioural therapist, and a behaviour support plan. These were reviewed by the inspector and seen to be reviewed regularly with input

from the person in charge, team leader and staff team. Staff were aware of residents behaviour support plans in place and staff members had received training on how to support the residents with behaviours that challenge. The centre had a restrictive practice log in place. Restrictive practices were used in line with the risks presented and plans were in place to reduce some of these practices. Restrictive practices identified were regularly reviewed.

Each resident had a comprehensive personal plan in place and was supported with regular key worker meetings and annual person centre planning meetings. Goals were in place for each resident and included residents taking part in a charity event, going on a helicopter ride, attending a sporting event and developing life skills. These personal plans incorporated the annual assessment of need, multi-disciplinary recommendations and personal outcome measures. Personal plans were reviewed regularly to ensure they reflected the current needs and wishes of the residents being supported. These plans also included guidance on the healthcare support needed for residents. Each resident had clear individualised healthcare support plans in place. These were regularly reviewed and had clear guidance for staff to provide a consistent approach in achieving the best possible outcome for residents. Each resident had access to a general practitioner (GP) of their choice.

There was one vacancy present in the centre on the day of the inspection. A resident had been identified for this vacancy and the person in charge and team leaders had a comprehensive plan in place to support the resident with their transition into the centre, which was planned for November 2023. The person in charge and team leaders had regular meetings with the resident's current day service provider, and this day service would remain in place for the resident as per their wishes. The inspector had the opportunity review the resident's transition plan and information gathering had commenced for their personal plan. This proposed transfer was seen to be planned, safe, discussed and agreed with the resident. Information and supports required by the resident were in place. The provider had put in place additional training for the staff to support the healthcare needs that would be present.

Overall, the inspector found that residents were supported to enjoy a good quality of life and that they were in receipt of good quality and safe services. The person in charge, team leaders and staff team were making efforts to ensure they were happy and engaging in activities they enjoyed.

Regulation 10: Communication

The residents were supported to communicate in accordance with their assessed needs. Individual communications needs had been identified and supports were put in place for the residents. The person in charge and team leaders had adapted documents into an easy-to-read or picture format for the residents. For example, where a resident's medication was seen to be reduced this was discussed with the resident and an easy-to-read document was in place personalised to their needs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for recreation in accordance with their age, interests and likes. They engaged in a variety of activities in line with their interests. These included activities in the centre and the wider community. Residents were supported to maintain contact with family as they wished.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were designed and laid out to meet the needs of the residents and was clean, warm and homely.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide, which was available to the resident and contained the required information as set out by the regulations. Easy-to-read versions of information was made available to residents. This included information about complaints, safeguarding and doing laundry.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that a resident who was planned to transition into the centre in November 2023 was supported with information about the centre, the services and supports. The new resident had requested to remain with their current day service and this was being facilitated as per the wishes of the resident. There was evidence of a transition plan and consultation with the resident about the transfer to the centre. A planning process was in place and all relevant information regarding the resident was being put in place. Staff had good knowledge about the resident's needs and supports required and were undergoing training.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents was discussed at team meetings and informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up-to-date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for an outbreak of an infectious disease. There was infection control guidance in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for high touch areas, regular cleaning of all areas of the designated centre. Good practices were in place for infection prevention and control including laundry management and a color-coded mop system.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. All staff have received suitable training in fire safety. There were adequate means of escape, including emergency lighting. The centre had suitable fire safety equipment in place, a fire alarm and fire extinguishers which were serviced as required. Each resident had a PEEP in place. There was evidence of regular fire evacuation drills taking place in the centre. However, from the records of fire drills reviewed on the day of the inspection the centre had not completed a minimum staffing drill in the centre in the previous 12 months.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had effective measures in place for the safe storage, ordering and receipt, administration and disposal of medicines within the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the residents' personal files. Each resident had a comprehensive plan in place which identified the resident's health, social and personal needs. This guided the staff team in supporting residents with identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to residents. For example, staff were observed supporting a resident with their exercise routine as advised by the resident's physiotherapist and staff also very seen to be very familiar with he likes and dislikes of residents. Personal plans were regularly reviewed and updated in a multi-disciplinary manner.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were identified, monitored and responded to promptly. Residents had health care support plans in place and were reviewed regularly. Each resident had access to a GP of their choice as required. Residents had access to various health and social care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each resident had a behavioural support plan in place which was reviewed regularly. The staff members had received training on how to support the residents with behaviours that challenge. The registered provider maintained a log of all restrictive practices for the designated centre. These were regularly reviewed each quarter.

The registered provider ensured that all restrictive practices were applied in the least restrictive manner. The restrictive practices had reduced in the centre since the last inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Choice was offered in this centre. The residents were supported to make decisions about their lives in a way that maximised their autonomy. Residents had access to advocacy services if required, and was listened to with care and respect by staff. The residents' views were taken into account in all decisions and in the running of the centre. Regular key worker meetings and residents meetings were held to support the residents in these discussions and provide them with information. Residents were seen to have access to a meaningful day activities programme and community access as per their choice.

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 | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence, transition and discharge of residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Substantially 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 9: Residents' rights | Compliant |

Compliance Plan for Doon Accommodation Service OSV-0005747

Inspection ID: MON-0032695

Date of inspection: 23/10/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

| Regulation Heading | Judgment |
|--|-------------------------|
| Regulation 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Staff member completed refresher Epilepsy training on day of inspection. Training records have been updated to reflect this training. All mandatory trainings are up to date in designated centre. | |
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • Quarter 4 Fire Drill scheduled to take place on 13/11/2023. The drill will be completed based on minimum levels of staffing as recommended. | |

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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 23/10/2023 |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Substantially Compliant | Yellow | 13/11/2023 |