



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

Issued by the Chief Inspector

Name of designated centre:	Bray Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	14 September 2021
Centre ID:	OSV-0002642
Fieldwork ID:	MON-0032246

About the designated centre

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

Bray Supported Accommodation is a designated centre operated by RehabCare and located in County Wicklow. The aim of Bray Supported Accommodation is to provide a community-based accommodation service for five adults, both male and female with mild to moderate intellectual disabilities. The aim of the service is to provide a homely, comfortable and safe environment to support each individual's specific needs. The service supports each resident to maximise their independence taking into account their specific needs and abilities. The importance of each resident having valued social roles is acknowledged by the service. Each resident is supported in line with their needs to actively engage in the local community and pursue activities of interest to them. Residents are supported to participate in everyday community life. Residents have access to external day services during the day-time. The service provides a social model of care and therefore cannot support the needs of those experiencing complex medical conditions that require significant levels of daily nursing care.

The house is a two storey semi-detached property with five bedrooms, two bathrooms and a sleepover room for staff. There is also a kitchen/dining area, office, sitting room, sun parlor and an external laundry room. The service is currently staffed 24/7. This includes day-time staff and sleep-over staff. This is a lone-working service which means one staff on shift at anytime. The centre is staffed by a person in charge, team leader, support workers and relief support 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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 September 2021	12:30hrs to 18:10hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

On arrival to the designated centre, some residents were at home and others were out. The person in charge was not working in the centre on the day but arrived to support the inspection process. The inspector met and spoke with all five residents who lived in the designated centre during the day of the inspection.

Overall, residents expressed their satisfaction with the designated centre and the support they received from the person in charge and staff team. Residents told the inspector that it was a lovely place to live, it was comfortable and they felt safe living there. Residents had a regular house meeting where they openly discussed the designated centre and things that were happening. These meetings were also an opportunity to revise skills around what to do in the event of an emergency, fire safety and rights. Residents had lived together for a long time and told the inspector that they got on well with each other and enjoyed each others company. Residents had their own private bedrooms which they could lock if they wished, and space to have time alone.

Residents directed their daily activities and decisions, and told the inspector about the different social clubs and day services that they were apart of. Some residents showed the inspector their pottery art that they had made during the COVID-19 pandemic. Residents had taken part in online classes to support their health or in line with their interests and hobbies. Some residents had recently returned to day services during the week, which they were happy about.

Some residents told the inspector about their recent holiday to County Kilkenny, which they had really enjoyed. Residents used public transport to travel there, and had been supported to develop skills to keep themselves safe when travelling, for example, what to do if they lost their belongings or missed their train. Residents also told the inspector that they had completed first aid training and fire safety training and they knew what to do if there was an emergency. Residents understood the requirement to follow public health guidance, especially when out using community amenities and services and were enjoying being able to visit with friends and families again since restrictions had eased.

The living room had certificates on display of different residents' academic achievements and attendance of different courses they had completed over the years. Some residents talked to the inspector about these courses and their achievements. Other rooms in the designated centre had art work on display that was made by residents, photographs and a visual roster showing which staff were supporting residents on different days of the week.

Residents told the inspector that they liked their home and where it was located, although for some residents the steep hill in the housing estate made it more difficult to travel independently. The designated centre was homely and nicely decorated and residents had access to television and Internet services. Over the

past year, residents had arranged additional television services directly into their own bedrooms. Residents who required them had bedrooms on the ground floor and an accessible wet room downstairs. Residents told the inspector that the provider had recently replaced the doors in the centre which were fire doors. There were plans to renovate the kitchen area, as while it was clean and functional it was old and in need of upgrading.

Residents understood that there were changes planned to increase the amount of staff support in the designated centre. Residents were aware of the cost of rent and any additional charges or expenses while residing in the designated centre.

Residents said that they felt happy to raise any issue with staff or the person in charge if something was bothering them, or if they were unhappy about something and they felt they were listened to. Residents spoke to the inspector about things in the past they had raised and were happy with how they were responded to and changes that were made.

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

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that was ensuring residents' individual and collective needs were met.

The provider had described in their statement of purpose the type of care and support that would be delivered in this designated centre. Historically, the centre provided a model of low support which promoted residents' independence and was staffed for set periods of time during the day and night. In recent months, this had been reviewed due to the changing needs of residents as they got older and the provider had secured additional funding to provide staff support on a 24/7 basis. The provider was in the final stages of recruiting the additional post at the time of the inspection. There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked. There was an identified number of relief staff employed by the provider who covered any shifts in the centre due to absenteeism or planned leave.

Staff working in the designated centre were provided with routine and refresher training to ensure they had the skills required to meet the needs of residents. There was oversight of the training needs of staff, and training needs were identified in advance and planned by the person in charge. For example, training in fire safety and safeguarding vulnerable adults. Staff had recently received training in relation to a specific health condition to ensure they had up to date knowledge and skills to

support some residents' health needs.

The provider had ensured there was effective leadership and a clear management structure in place in the designated centre. There was a suitably qualified and experienced person in charge, who reports to an integrated service manager. There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. As well as the person in charge, there was also a team leader role in the designated centre to support the operational management and supervision of staff. There had been unannounced visits completed on behalf of the provider every six months along with an annual review on the quality and safety of care which included consultation with residents and family representatives.

The person in charge had local oversight and monitoring systems in place in the designated centre, for example monthly health and safety inspections and weekly and monthly audits of the residential service. The person in charge and team leader reviewed any adverse events that occurred in the centre and used information gathered to bring about improvements or enhance supports.

The process for raising informal and formal complaints was known to residents, and information was available in the designated centre on the provider's complaints procedure. Residents felt that they could raise any issue with the staff team and that their concerns would be listened to and acted upon.

Residents were aware of the terms and conditions of their care and support in the designated centre, and this was written into formal agreements with each resident, along with a copy of the residents' guide. In general, residents were aware of costs associated with their rent and tenancy and additional costs. However, this was not consistently agreed in writing with all residents and required improvement to ensure clear details were recorded.

Regulation 15: Staffing

Residents were supported by a stable and consistent staff team who knew them well.

The person in charge maintained a planned and actual staff roster for the designated centre. Planned leave or absenteeism was covered from familiar relief staff employed by the provider, to ensure continuity of care and support for residents.

While the provider had identified the requirement for increased staffing, and were in the process of recruiting for additional posts, this was not yet put in place to ensure residents had staff support at all times, based on their assessed needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training in key mandatory areas. There was good oversight of the training needs of staff, and arrangements were made to plan for training, as required. Staff were provided with additional training in specific areas relevant to health or based on the needs of residents.

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre.

Information on the Health Act 2007 (as amended), regulations and standards along with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a management structure in the designated centre, with clear lines of reporting and responsibility.

There was effective oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider.

The provider had completed unannounced visits to the centre every six-months, and had completed an annual review of the quality of care and support, which was inclusive of the views of residents and their families.

Since the previous inspection, the provider had taken action to address the areas of non-compliance identified.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

While residents had a tenancy agreement, and some residents had agreed in writing the costs associated with their care and support in the designated centre, this was not consistent for all residents. Documentation provided to residents was not consistently clear on additional costs, or, for example how utility bills or other

expenses would be covered.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure and pathway in place in the designated centre, which was understood by residents and was on display in the designated centre.

Residents felt they could raise a complaint with any staff member, and that they would be listened to.

The person in charge maintained a record of any complaints, and there was a review mechanism as part of the written complaints procedure.

Judgment: Compliant

Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and promoting residents' independence and abilities. Residents were afforded a pleasant and homely place to live and were happy with their home and the supports they received.

While the provider was adapting the model of care and staff support in place in response to residents' needs, this change resulted in some areas identified in need of improvement in respect of the communal space available and the content of the information within personal plans and assessments.

For example, previously the designated centre was not designed or laid out to have staff working in the centre for long periods of time. In response to the increase in staffing, the conservatory area at the back of the house had become a staff office. This was impacting on the communal space available for residents. Similarly, as residents required additional support with some aspects of their needs, some documentation required updating to fully reflect the amount of support that was required. For example, to guide new staff on the level of support that each resident needed with their activities of daily living.

There was a process in place to assess residents' health, social and personal needs using a variety of tools. The information from these assessments resulted in personal plans to guide the support required. Residents had access to their own

general practitioner (GP) and other health and social care professionals as were required. Residents' health and well-being was supported through regular health checks, follow up appointments and guidance from relevant professionals in areas identified. Residents availed of National Health Screenings in line with their age and gender, and based on their informed choice and wishes.

Residents were provided with a homely place to live which was maintained to a good standard, with clean and nicely decorated communal spaces, individual bedrooms for residents, an adequate number and type of toilet and washing facilities and a back garden with a shaded area for outdoor dining. There was a separate laundry room for residents to launder their own clothes in the back garden. The designated centre was located close to local amenities and community facilities and was serviced by bus and train routes.

Residents told the inspector that they were happy in their home, and the designated centre was operated in a way that promoted residents' choice and control. Residents met regularly to have house meetings and discuss things such as meal plans, division of chores and house responsibilities. Residents were encouraged and supported to retain their skills and independence in managing their money and personal budgets, taking responsibility for their medicine and decisions about their care and support. Residents were supported through routine assessments to ensure any areas of learning or additional support were identified, in order to promote their ability and independence.

Residents' health and safety was promoted through effective risk management policies and procedures, emergency planning and incident recording and management systems.

There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had received training in safeguarding vulnerable adults. If required, safeguarding plans were put in place, to promote residents' safety. Residents told the inspector that they felt safe living there and had taken part in training to understand fire safety, emergency first aid and personal safety.

Residents were protected against the risk of fire in the designated centre, through fire safety systems, fire fighting equipment and local procedures. Residents took part in regular fire drills, and fire drills and told the inspector that they knew what to do in the event of an emergency.

Overall, this inspection found that residents were receiving a service that was promoting their independence and community involvement, was meeting their individual needs and was a nice place to live, with some improvements required to the personal planning documentation, the communal space available and the formalisation of the increased staffing arrangements.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their assessed needs and the provider had adapted the arrangements for staffing support in response to this.

Residents enjoyed participating in activities and occupation in line with their own interests and choices, and had been encouraged to remain connected to activities through alternative methods during times of restrictions.

Residents had access to opportunities for training and further education.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service. The premises were kept to a good standard of decoration and repair, externally and internally.

The provider had made arrangements for the matters in Schedule 6 to be in place. For example, adequate private accommodation, suitable storage, and facilities for residents to launder their own clothes.

Due to changing staffing requirements, the use of the conservatory for a staff office required reviewed as this was impacting on residents' communal space in the designated centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through effective risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

The provider had written plans in place to follow in the event of an emergency. For example, if there was a flood, or loss of power.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre, for example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills along with practice exercises had taken place in the designated centre. Residents had taken part in fire safety training, and knew what to do in the event of an emergency or evacuation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to assess residents' needs and wishes and these documents were reviewed regularly and included input from health and social care professionals, where appropriate. Where a need or risk had been identified, there was a written personal plan in place. While assessments and plans were in place, some required further information or updating to ensure they fully guided staff on the level of support for specific areas. For example, where it is identified that a resident requires support with financial budgets to guide staff on how these supports will be put in place.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with appropriate healthcare as outlined in their personal plans.

Residents had access to their own general practitioner (GP) along with access to health and social care professionals through referral to the primary care team, or to professionals made available by the provider.

Residents had been supported to avail of National Screening Programmes, in line with their own choices.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were policies and procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge was aware of their responsibilities in this regard and staff had received training in the protection of vulnerable adults.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents could participate and consent to decisions about their care and support, and residents were supported to make informed choices through information provided and supportive conversations with their key staff.

Residents had the freedom to exercise their choice and control in their daily live and participated in the day to day running of the designated centre.

Residents' privacy was respected.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bray Supported Accommodation OSV-0002642

Inspection ID: MON-0032246

Date of inspection: 14/09/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • One additional staff member took up a 32 hour post and commenced in the role on the 18/09/21. • The SOP has been amended to reflect the increased staffing and sent to HIQA on the 20/09/21. 	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: <ul style="list-style-type: none"> • Tenancy agreements will be amended and it will clearly state for all the cost of living in the service, revised agreements will be discussed with and signed by residents once they are in agreement with same. This will be completed by 20/12/21. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Options for moving the office to an alternative area in the service with an action plan arising will be reviewed by the PIC and the PPIM with the Housing Association, this will 	

be completed by 20/12/2021.

Regulation 5: Individual assessment
and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- All individual assessments and personal plans will be reviewed to ensure clear guidance on how best to support each resident in relevant aspects of their lives is included in all cases. To be completed by 20/12/21.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	18/09/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	20/12/2021
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and,	Substantially Compliant	Yellow	20/12/2021

	where appropriate, the fees to be charged.			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	20/12/2021