Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

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|---|---|
| Name of designated centre: | Castleview |
| Name of provider: | The Rehab Group |
| Address of centre: | Tipperary |
| Type of inspection: | Announced |
| Date of inspection: | 23 February 2023 |
| Centre ID: | OSV-0002659 |
| Fieldwork ID: | MON-0030388 |

## About the designated centre

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

Castleview is a designated centre operated The Rehab Group. The designated centre provides community residential services to four adults with a disability. The centre is located on the outskirts of a village a town in Co. Tipperary a short drive from local facilities including shops, pubs, banks and restaurants. The centre is a large detached two-storey house which comprises of four individual resident bedrooms, a sitting room, two activity rooms, a kitchen, dining room, a utility room, sleepover room, a number of bathrooms and a staff office. The staff team consisted of team leaders and care staff. The staff team are supported by the person in charge.

**The following information outlines some additional data on this centre.**

| | |
|---|---|
| Number of residents on the date of inspection: | 4 |

## How we inspect

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

As part of our inspection, where possible, we:

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

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

**1. Capacity and capability of the service:**

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

**2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Thursday 23 February 2023 | 09:30hrs to 17:30hrs | Conan O'Hara | Lead |

## What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision. This inspection took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspector followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The inspector had the opportunity to meet three of the four residents over the course of the inspection. Some residents used alternative methods of communication and did not verbally share their views with the inspector, and were observed throughout the course of the inspection in their home. Overall, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support and enjoyed a good quality of life. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner.

The previous inspection noted that one resident had been identified as requiring an individualised service that would more appropriately meet their assessed needs. At the time of this inspection, the provider had identified a premises and submitted an application to vary registration conditions which proposed an increase in the footprint of the centre. The premises was located in a nearby town and consisted of a kitchen/living/dining room, bedroom and bathroom. On the morning of the inspection, the inspector visited the proposed additional premises and found it to be suitably maintained, designed and laid out for its proposed purpose. The person in charge outlined plans to personalise the premises in consultation with the resident as the transition to the new premises progressed.

Later in the morning, the inspector visited the designated centre. On arrival to the centre, the inspector meet one resident who was supported during the day from the centre while three of the other residents were attended day services. The resident was spending time in their activity room engaged in sensory activity and appeared content. The inspector observed staff supporting this resident to access the community later in the morning. In the afternoon, two residents returned from day services. One resident introduced themselves to the inspector and showed the inspector their room. They spoke positively about their life in the centre and their plans for their bedroom. The second resident was observed being supported by staff to have a snack and greeted the inspector. Overall, the residents were observed to appear relaxed and comfortable in their home.

The inspector also reviewed three questionnaires completed by the residents or their representatives describing their views of the care and support provided to the residents in the centre. Overall, the questionnaires contained positive views and

indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported the residents.

As noted, the current designated centre comprised of four individual resident bedrooms, a sitting room, two activity rooms, a kitchen, dining room, a utility room, sleepover room, a number of bathrooms and a staff office. The designated centre was welcoming, well maintained and suitably decorated in a homely manner with pictures of the residents and people important to them located throughout the house. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents.

In summary, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, there were some areas for improvement identified including oversight of residents' finances and medication management.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, there was a clearly defined management system in place which ensured the provision of high quality care and support to the residents. The management systems ensured that the services was effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was monitored. These audits included the annual review for 2022 and the provider's unannounced six-monthly visits. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs. From a review of the roster, it was evident that there was an established staff team in place which ensured continuity of care and support to residents. The inspector observed positive interactions between the residents and the staff team.

There were systems in place for the training and development of the staff team. From a review of a sample records, it was evident that the staff team in the centre had up-to-date training and were appropriately supervised.

## 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 by the regulations.

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. The person in charge was also responsible for two other designated centres. They were supported in their role in this designated centre by two experienced team leaders.

Judgment: Compliant

## Regulation 15: Staffing

The person in charge maintained planned and actual staffing rosters. The inspector reviewed a sample of the roster and found that there was a core staff team in place which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. During the day, the four residents were supported by five residential staff members and a day service staff member. At night, one waking-night staff and one sleep over staff were in place to support the four residents.

At the time of the inspection, there were two vacancies in the staff team. The vacancies were managed through the staff team and the use of a small number of regular relief staff. The inspector was informed that the provider was in the process of recruiting to fill these vacancies.

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 a sample of training records, it was evident that the staff team in the centre had up-to-date training in areas including safeguarding, safe

administration of medication, infection prevention and control, fire safety and manual handling. In addition, the staff team were also supported to receive specific training in line with the residents' identified needs including autism awareness and epilepsy.

There was a supervision system in place and all staff engaged in formal supervision. The previous inspection found that some staff were overdue formal supervision. From a review of the supervision schedule and a sample of records, this had been addressed. It was evident that formal supervisions were taking place in line with the provider's policy. This meant that the staff team had up to date knowledge and skills to meet the residents assessed needs.

Judgment: Compliant

## Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the Regional Manager, who in turn reported to the Head of Operations. The inspector found that the designated centre was appropriately resourced to ensure the effective delivery of care and support.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the resident's needs. The quality assurance audits included the annual review 2022 and six monthly provider visits. These audits identified areas for improvement and developed action plans in response.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

## Quality and safety

Overall, the service provided a good standard of person-centred care and support to the residents in a homely environment. However, some improvement was required in the oversight of residents' finances and an area of medication management.

The inspector reviewed a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the resident with their personal, social and health needs. However, the assessment and plan in place for the practice of the administration of covert medication required review to ensure it was in line with the provider's policy.

The previous inspection found that some improvements were required in the oversight of residents finances. While there was evidence that some actions had been taken to improve oversight arrangements, the inspector found that there remained areas for improvement in the oversight and support of residents to manage their own financial affairs.

There were positive behaviour supports in place to support residents manage their behaviour as required. The inspector reviewed a sample of these guidelines and found that they were up to date and appropriately guided the staff team. There were restrictive practices in use in the centre and these were appropriately identified and reviewed by the provider.

## Regulation 12: Personal possessions

The provider's policy and systems in place to support residents to manage and protect their finances required improvement. This was also identified as an area for improvement at the previous inspection. Since the last inspection, there was

evidence of formal correspondence with residents representatives regarding improving oversight of residents finances. However, there remained improvement required in ensuring residents were appropriately supported to manage their finances.

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre by the staff team and centre manager.

However, the oversight systems in place to support residents to manage their monies and/or savings in circumstances where residents were supported in the management of their finances by others required improvement. For example, one support plan reviewed noted that bank statements were submitted regularly by the residents representatives for reconciliation. However, on the day of inspection, the bank statements were not readily available to the provider for their review and no evidence of reconciliation. As such, the provider could not demonstrate how they were assured that all resident monies and savings were appropriately accounted for.

In addition, the residents understanding of numeracy and literacy was assessed as part of the assessment of needs. However, where the residents capacity to manage finances was in doubt a financial capacity assessment and corresponding support plan had not been completed in line with the provider's own policy.

Judgment: Not compliant

## Regulation 17: Premises

The designated centre was well maintained and decorated in a homely manner. The residents bedrooms were decorated in line with their preferences and there was sufficient space for residents to enjoy their preferred activities with other residents or on their own.

The previous inspection identified that some areas required painting, storage arrangements required review and general maintenance works were required in the utility room. This had been addressed.

Judgment: Compliant

## Regulation 20: Information for residents

The provider a residents' guide in place which contained all of the information as

required by Regulation 20.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. 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 COVID-19. There was infection control guidance and protocols in place in the centre.he inspector observed that the centre was visibly clean on the day of the inspection. The staff team were observed wearing PPE throughout the inspection. The previous inspection identified improvements required in some areas of infection control including storage of equipment and maintenance of surfaces. This had been addressed.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire drills taking place. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate.

The previous inspection identified improvements required in fire containment and night time drills. This had been addressed. A simulated night time drill had been completed and appropriate containment measures were observed on the day of inspection.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The administration practices in place for the administration of covert medication required improvement to ensure it was in line with the provider's policy. The assessment and support plan in place for the administration of covert medication was up to date, in line with the resident's General Practitioner (GP) prescription and clearly outlined the rationale for same. In addition, the practice was identified as a restrictive practice and it was evident it was reviewed regularly to ensure it was the least restrictive intervention. However, the practice was not approved by two health care professionals in line with the providers policy and required review.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed the a sample of residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the resident's personal plans which guided the staff team in supporting resident's with identified needs, supports and goals.

Judgment: Compliant

## Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The inspector reviewed health care plans and found that they appropriately guided the staff team in supporting the residents' with their health needs. The provider had ensured that the residents were facilitated to access appropriate allied health professional as required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour

support guidelines were in place, as required. Residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed.

Judgment: Compliant

## Regulation 8: Protection

Notwithstanding, the concerns in relation to oversight of residents' finances which is discussed under Regulation 12, the provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear content and comfortable in their home. Safeguarding plans were in place for identified safeguarding concerns.

In addition, the provider was in advanced stages of addressing an identified compatibility concern which at the time of the inspection was well managed. As noted, the provider had identified a suitable premises for an individualised unit and submitted an application to vary registration conditions which proposed an increase in the footprint of the centre.

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 | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| **Quality and safety** | |
| Regulation 12: Personal possessions | Not compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

# Compliance Plan for Castleview OSV-0002659

## Inspection ID: MON-0030388

## Date of inspection: 23/02/2023

**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 12: Personal possessions | Not Compliant |
| Outline how you are going to come into compliance with Regulation 12: Personal possessions:<br>• A financial capacity assessment and corresponding support plan for each resident will be completed by the 30.06.2023.<br><br>• Local Financial Procedure for one Resident has been updated to accurately reflect current practice.<br><br>• Feedback has been given to the owner of the Provider's policy on Service User Finances in relation to procedures to be followed in the event that residents are being supported with their finances by family members. This was completed on 20/03/2023.<br>• The providers policy will be reviewed and updated by 31/08/2023 and the service will comply with all oversight arrangements specified within the updated policy to ensure that residents finances are appropriately accounted for by the 31/10/2023. | |
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:<br>• Administration of Covert Medication practice will be reviewed and approved by two health care professionals in line with policy by the 31.03.23. | |

## 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 12(1) | The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs. | Not Compliant | Orange | 31/08/2023 |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as | Substantially Compliant | Yellow | 31/03/2023 |

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|---|---|---|---|---|
| | prescribed to the resident for whom it is prescribed and to no other resident. | | | |