



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

Issued by the Chief Inspector

Name of designated centre:	Highfield House
Name of provider:	The Rehab Group
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	15 November 2023
Centre ID:	OSV-0002669
Fieldwork ID:	MON-0041528

About the designated centre

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

Highfield House is located close to a town in Co. Longford and comprises of one large two-storey dwelling. The centre provides residential care for up to five male and female adults with disabilities and other healthcare related needs. Each resident has their own bedroom. Communal areas include a sitting room, a fully equipped kitchen, a dining room, a relaxation room, a number of bathroom facilities, a utility room and a secure garden area. There is also an office for staff and a large private garden to the front and rear of the property with adequate space for private parking. There is a separate area linked to the main house and accessible through the utility room and through a separate front door, which is used for day programmes for some residents. This area contains an activities room, kitchen/dining area and a sensory room upstairs. The centre is staffed on a 24/7 basis by a person in charge, a team leader and a team of support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 15 November 2023	10:10hrs to 14:35hrs	Raymond Lynch	Lead
Tuesday 14 November 2023	10:10hrs to 14:35hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

The last inspection of this service on 05 September 2023 found that, the designated centre was under significant external construction repairs due to an oil leak under the premises and because of these repairs, three fire exits were locked from inside the building. On the morning of that inspection there was no documentary evidence available to assure the inspector that the service was safe for residents to remain living there while these repairs were ongoing (and with three fire exits being blocked off). This resulted in non-compliance in governance and management, risk management, premises, and fire precautions. Additionally, protection against infection was also found to be non-compliant.

As a result, a number of immediate actions were issued by the Health Information and Quality Authority (HIQA) on the morning of that inspection seeking assurances that the building was safe for residents to continue living in. These assurances were made available to HIQA on the evening of and day after the inspection. HIQA also had a warning meeting with the provider on October 03, 2023 to inform them of their concerns as found on the inspection. After this warning meeting, HIQA received a number of written assurances from the Director of Care on October 10, 2023 informing that a number of the non-compliance's as found of the inspection 05 September 2023 had already been addressed and, there were plans in place to have the external issues with the premises addressed by mid November 2023.

Additionally, the compliance plan submitted after the inspection provided assurances that once all external works were completed to the building, any remaining upgrades required to the internal premises (to include new flooring) would be completed by the end of February 2024. The purpose of this inspection was to ensure the measures as taken by the provider to address the issues as found on the last inspection remained in place and were effective.

On arrival to the centre the inspectors observed that some of the external works to the building remained on-going. However, this area was not accessible to the residents so as to ensure their safety and, the person in charge informed the inspectors that they envisaged the works would be completed by the end of November 2023. Additionally, the contractors undertaking the external works to the property had provided a written report stating it was safe for residents to continue living in their home while these construction works remained ongoing.

Internally, the house was observed to be clean, warm and welcoming. A number of the issues to do with the upkeep and maintenance of the premises as found on the last inspection had been addressed. For example, a new table and chairs was in place, presses in the kitchen had been repaired, broken door handles had been replaced, rusty fixtures and fittings were replaced and/or disposed of, the house had been cleaned throughout and an apartment area to the side of the property had been reorganised. The entire house and apartment had also been repainted.

While it was observed that three fire doors remained inaccessible due to the external issues with the premises, this has been risk assessed and a competent fire authority had deemed the fire arrangements acceptable taking into account the overall number of unobstructed exits available to residents in the building. The inspectors also observed that a bespoke day service for two residents operating to the rear of the premises was no longer in operation as advised by the competent fire authority. This service was now being provided for in the apartment area of the building.

At the time of this inspection, there were 5 residents living in the centre and the inspectors met with one of them. This resident had chosen not to go to their day service and their decision was respected by the staff team. The resident was observed relaxing in their home and staff were observed to be kind and caring in their interactions with them. The resident also requested to go for a drive later in the day and this request was facilitated by staff. From viewing a sample of this residents care plans, the inspectors observed that they had been on holidays this year and, had revamped their bedroom. The resident told one of the inspectors that they had picked out their own colours for their room and had bought a new chair. They also said that they liked their room and the new chair was comfortable.

From reviewing a sample of staff training records, it was noted that a number of staff had undergone training in human rights. Concepts such as 'high standards of care being maintained at all times' and 'the rights of the residents' were also discussed at staff meetings. The inspectors saw examples of how staff were putting this training into their everyday practice so as to ensure a person-centred and individualised service was provided to the residents. For example, the choices of the resident who chose not to go to day services as explained above, were respected by the staff team and, this resident self-directed their own routine and activities each day. Additionally, with the support of a behavioural specialist, a 'will and preference communication tool' had been developed for the resident so as to empower them with a mechanism to better communicate their decisions and choices to staff.

The inspectors also observed that the person in charge and staff team ensured an external advocate was made available to one of the residents who may need support and/or advice regarding an upcoming health-related matter. Additionally, information on rights was also available to all residents in their individual care plans.

Another resident liked to help keep their community clean and was involved in a local project supporting this. They also liked to do charity work and had successfully undertaken a charity walk earlier in the year. They had also been on holidays to Belfast where they enjoyed a number of trips and outings to various tourist spots and, enjoyed taking train trips to Dublin.

Four residents were attending various day services where they were supported to participate in social, recreational and learning activities of their choosing. For example, residents liked arts and crafts, knitting, meeting friends, having lunch out, shopping and going to the library. Some residents were also involved in a horticultural educational programme. Other residents had also made their own personalised Christmas cards which were on display in the centre. It was also

observed that an apartment area was available to one of the residents in the evening time where they could spend time alone (when they wanted) watching television and/or playing computer games.

The inspectors observed that there were no complaints on file from any stakeholders with regard to the quality and safety of care provided in the service. There were however a number of compliments highlighting the positive attitude of the staff team and praising their performance.

Over the course of this inspection the inspectors observed staff supporting one of the residents in a professional, person-centred and caring manner. They were at all times attentive to the needs of the resident and, the resident was observed to be relaxed and comfortable in their home and in the company of staff.

While some issues remained ongoing with the premises, fire precautions and governance and management, staff were observed to be respectful of the individual choices and preferences of the residents and, feedback on staff performance and attitude was both positive and complimentary.

The next two sections of the report outline 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 care provided to the residents.

Capacity and capability

While residents appeared happy and content in their homes and systems were in place to meet their assessed needs, aspects of the oversight arrangements of the centre required review.

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by a full-time team leader and regional manager.

The person in charge was employed on a full-time basis with the organisation and was a qualified social care professional with a number of years experience of working in and managing services for people with disabilities. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The team leader was also spoken with by the inspectors over the course of the inspection and they too demonstrated a very good knowledge of the assessed needs of the residents.

A review of a sample of rosters indicated that actual and planned rosters were being maintained and, there were adequate staffing arrangements in place to meet the needs of the residents. The person in charge and/or team leader also provided support to their staff through the process of team meetings and supervision.

From a sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults and fire safety manual training.

Additionally, the inspectors observed that some staff had undertaken training in human rights. The team leader informed the inspectors that while this training was not mandatory, a number of staff made a decision to complete it. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

The provider and management team had systems in place to monitor and audit the service. On completion of these audits an action plan and action tracker were developed so as to ensure issues identified were being addressed in a timely manner. Since the last inspection of this service, monthly meetings were being facilitated by the governance and oversight committee and, the regional manager was providing weekly support to the centre. However, aspects of this process required review as no record of the regional managers monitoring and support meetings with the person in charge were being maintained in the centre.

Regulation 14: Persons in charge

The person in charge was a qualified and experienced social care professional and was found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). They were also found to be responsive to the inspection process and aware of the assessed needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters indicated that actual and planned rosters were being maintained and, there were adequate staffing arrangements in place to meet the needs of the residents.

The person in charge and/or team leader also provided support to their staff through the process of team meetings and supervision.

Important issues such as an update on each residents overall well-being were discussed at meetings.

It was also observed that the team leader and person in charge were aware of the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included

- safeguarding of vulnerable adults
- fire safety manual training
- infection prevention and control
- positive behavioural support
- food safety training

It was observed that the person in charge was due medication management training and epilepsy awareness training at the time of this inspection however, this training was scheduled for the week commencing November 20, 2023.

Additionally, some staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by a team leader and regional manager.

The provider also had systems in place to monitor and audit the service as required

by the regulations. On completion of these audits an action plan and action tracker were developed so as to ensure issues identified were being addressed in a timely manner.

All actions arising from the last inspection of this service had been actioned and addressed or, plans were in place to ensure they would be addressed in a reasonable time frame.

For example, the following issues arising from the last inspection had been addressed to include:

- broken door handles had been replaced and /r repaired
- kitchen presses that were broken had been repaired
- rusty fixtures and fittings had been fixed/disposed of or repaired
- some new furnishings to include a table and chairs had been purchased
- issues with the sink in the utility room had been addressed
- bath panelling had been replaced
- the oven in the apartment had been repaired
- the house had been cleaned and painted throughout.

Additionally, since the last inspection of the centre, monthly support meetings were being facilitated by the governance and oversight committee and, the regional manager was providing weekly input and support to the centre.

However, aspects of this process required review as no record of the regional managers monitoring and support meetings with the person in charge were available for inspectors to view.

It was also observed that the person in charge was working in the centre two to three days every week and, the regional manager was present in the centre on at least one day each week. However, there was inadequate documentary evidence available or recorded (with regard to this system of oversight and management of the service) as to when or what dates the person in charge and regional manager were present in the centre.

Judgment: Substantially compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. However, issues remained ongoing with fire precautions and some issues had still to be addressed regarding the premises.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were one

safeguarding plan in place in the centre. However, this issue had been responded to in line with the organisations safeguarding policy and procedures.

Systems were also in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. The issues pertaining to risk related to the locked fire doors remained ongoing however, it had been risk assessed and deemed acceptable by an independent competent authority and, recommendations arising from the competent authority were being implemented.

Additionally, infection prevention and control (IPC) measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre. Issues as found on the last inspection had been largely addressed and, the centre was observed to be clean throughout. Storage space for food items was also found to be clean and food items once in use, were being labelled with the dates that they were opened.

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place informing what fire exits to use during fire drills. As stated above, since the last inspection a competent fire authority had visited the centre and deemed the fire evacuation procedures acceptable and a recommendation arising from their report regarding the use of a day service at the back of the premises was also being adhered to.

It was observed however, that three fire doors were not closing fully when the fire alarm was sounded. Issues with the fire doors had been ongoing for some time and while the inspectors saw evidence that an independent contractor had visited the centre and addressed these issues shortly after the last inspection, some fire doors were still not fully operational.

Some issue had yet to be addressed with the premises however, the upkeep and maintenance of the house had been significantly improved upon from the last inspection. The centre was observed to be clean and generally well maintained. It had also been painted throughout and a number of maintenance issues had been addressed. A maintenance action plan/tracker had also been developed and this was being reviewed and updated on a regular basis.

While some issues remained ongoing with fire precautions and premises, this inspection found many of the issues as identified in the last inspection had been addressed. Additionally, that the rights, individual choices and preferences of the residents were promoted and they were being supported to choose their daily routines and engage in activities of their preference and liking.

Regulation 17: Premises

Some issue had yet to be addressed with the premises however, the upkeep and maintenance of the house had been significantly improved upon from the last inspection.

The centre was observed to be clean and generally well maintained. It had also been painted throughout and a number of maintenance issues had been addressed.

A maintenance action plan/tracker had also been developed and this was being reviewed and updated on a regular basis.

However, at the time of this inspection the external part of the premises remained under significant repair work and, a review of the internal flooring was required, once the issues with the external part of the building were resolved.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. For example, where a resident may be at risk in the community they were provided with adequate staffing support (1:1 staff support of required) and staff would always agree in advance with the resident, what outings to go on prior to leaving the centre.

As identified above, the issues pertaining to risk related to the locked fire doors remained ongoing however, it had been risk assessed and deemed acceptable by an independent competent fire authority and, recommendations arising from their report (such as moving the day service from the rear of the building) had been implemented.

Judgment: Compliant

Regulation 27: Protection against infection

There was an infection prevention and control policy in place in this centre.

The premises were observed to be clean on the day of this inspection and most of the maintenance issues which had been impacting on cleaning the house, had been

addressed.

Additionally, the storage spaces for food items were found to be clean and all open food items were labelled with the date opened.

Cleaning schedules were in place and being adhered to so as to ensure the premises were being systematically cleaned on a regular basis.

There was a colour coding system in place for mops and the team leader informed the inspectors that there were adequate supplies of PPE available in the centre. There were also adequate supplies of hand sanitizing gels available.

From a sample of files viewed, staff also had training in infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. For example, the fire alarm system had been serviced in August 21, 2023. Emergency lighting was serviced on September 05, 2023 and the fire extinguishers were serviced on October 31, 2023.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. The last fire drill scheduled on October 21, 2023 informed that all residents left the house in a timely manner when the alarm was sounded and, no issues were reported.

Additionally, since the last inspection all personal emergency evacuation plans had been updated to take into account the issues with the locked fire doors and, clearly indicated which exits the residents would use in the event of an evacuation.

While the issues pertaining to risk related to the locked fire doors remained ongoing, this issue had been risk assessed and deemed acceptable by an independent competent authority and, recommendations arising from the competent authority were being implemented in the centre.

It was observed however, that three fire doors were not closing fully when the fire alarm was sounded. Issues with the fire doors had been ongoing for some time and while the inspectors saw evidence that an independent contractor had visited the centre and addressed these issues shortly after the last inspection, some fire doors were still not fully operational at the time of this inspection.

Judgment: Not compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place.

At the time of this inspection there were one safeguarding plan in place in the centre.

However, this issue had been responded to in line with the organisations safeguarding policy and procedures. It had been reported to the designated safeguarding officer, the safeguarding protection team and to the Health Information and Quality Authority.

Additionally, an interim safeguarding place was also in place to address the safeguarding issue.

Judgment: Compliant

Regulation 9: Residents' rights

The rights, individual choices and autonomy of the residents was promoted in this centre. Residents choose their daily routines and their choices were respected by the staff team.

As identified above, some staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Highfield House OSV-0002669

Inspection ID: MON-0041528

Date of inspection: 15/11/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A Governance Communication Log has been implemented and will be maintained by the Person in Charge to include all discussions pertaining to the Governance of the Centre. • Person in Charge and Regional Manager (PPIM) will ensure that they sign in each time they visit the Centre. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Remedial works are ongoing due to a contaminant hotspot under the single story extension at the rear of the property. Weekly monitoring of the spot are ongoing. The flooring was assessed on 30/11/23. Resulting works from this assessment will be completed by 28/02/2024. 	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- On 16.11.23 a competent person repaired all three fire doors. However, during fire door check on 27.11.23 and 29.11.23 further issues with doors were observed.
- Frequency of fire door visual checks and fire alarm activation have been increased to three times weekly in the interim due to ongoing issues relating to the closure of fire doors.

Issues relating to fire doors will be addressed by a Competent Fire Person / Company by 15.12.23.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	28/02/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	15/11/2023
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape,	Not Compliant	Orange	15/12/2023

	building fabric and building services.			
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