



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

Issued by the Chief Inspector

Name of designated centre:	Lifford Accommodation
Name of provider:	The Rehab Group
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	06 October 2023
Centre ID:	OSV-0002678
Fieldwork ID:	MON-0040486

About the designated centre

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

Lifford Accommodation provides full-time residential care and support for up to eight adults (male and female) with a disability. The designated centre comprises of two interconnected semi-detached houses. Residents in each house have their own bedrooms and also have access to shared bathroom facilities on both the ground and first floors. In addition, the house includes a communal sitting room, kitchen dining room and laundry room for residents' use. The centre is located in a residential housing estate in a town and is close to local amenities such as shops, cinema and cafes. Residents are supported by a team of support workers, with daytime staffing arrangements in each house being based on residents' assessed needs. Night-time staffing arrangements included a waking night and a sleep over staff member. Management support is available to staff outside of office hours through the provider's on call system if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Friday 6 October 2023	10:45hrs to 19:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This was an unannounced follow up inspection to an inspection that took place in May 2023. At that time, the inspector found non-compliance in five regulations and substantial compliance in one regulation. There were ongoing concerns in relation to the welfare of the residents and the safety of the service provided. In response to these findings, the provider submitted a compliance plan which detailed the actions that they planned to take in order to bring this centre into compliance. The purpose of this inspection was to assess the provider's capacity and capability to complete the actions required and to sustain an ongoing response to the matters identified.

The inspector found that changes to the governance and management arrangements in place were ongoing. The provider representative told the inspector that they were recruiting a person in charge for the centre. Interim measures were in place and the provider was aware of their regulatory requirements to notify the Chief Inspector in line with the requirements of regulation 32. Overall, the inspector found significant improvements in the systems and processes used in the centre which had a positive impact on the quality and safety of the service provided. However, there continued to be a high level of incidents occurring and this required review. In addition, the provider was yet to finalise actions in relation to the refurbishment of the premises. This will be expanded on later in this report.

This centre comprised two interconnected semi-detached houses located close to a busy town. The houses were two-story and linked by an internal door. The inspector observed maintenance services present at the properties on the day of inspection. The internal areas of both houses were freshly painted recently. In addition, two resident bedrooms were decorated in line with the residents' wishes. A plan was in place to progress the agreed actions in relation to the refurbishment of the kitchens and bathrooms in both properties. This was due to commence by the end of the month. In addition, there was a plan in place to cut the trees in the gardens which would enhance the outside spaces provided. Therefore, some actions from the providers' compliance plan were completed while others were ongoing with a specific plan in place.

There were six residents living at this designated centre and the inspector met with five of them during the inspection. One resident was completing chores in the utility room. A second was rising for the day. Later, they were observed planning a trip to the bank and to the cinema with a staff member. It was evident that the resident had control over what they wished to do with their day and the inspector observed that this was respected by the staff member. That afternoon, three residents returned from their day service. One was preparing for an evening out with a family member. Others spoke briefly with the inspector. They spoke about what they had done that day and they told the inspector that they were happy in their home.

The inspector met with four staff members during the course of the inspection. They spoke about the importance of residents' rights and of using a human rights based

approach in their work. Some had completed training in human rights and others told the inspector that they planned to do so.

Overall, the inspector found significant improvement in the quality and safety of the service provided. However, ongoing work was required to ensure that the improvements put in place were effective in safeguarding residents from abuse. In addition, it was clear that although work on the premises was ongoing, it was to be completed in full.

The next two sections present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to the residents.

Capacity and capability

Improvements in governance and management systems used led to better outcomes for the residents living at this centre. However, the person in charge had changed a number of times over the past year and the position was vacant at the time of inspection. The provider had commenced a recruitment campaign. In the interim, the centre was supported by a full-time team leader and a person in charge from another service. This was working well at the time of inspection. In addition, improvements were required with safeguarding and protection in order to ensure that the measures in place were effective. Repair works to the premises required ongoing work to ensure that they were completed in line with the dates provided in the provider's compliance plan.

The provider had a range of written policies and procedures which were prepared in writing and available in the centre. They were up to date and in line with the requirements of Schedule 5 of the regulation.

As outlined, the management structure in place was changing. However, a review of the governance and management systems and processes used found significant improvement since the last inspection. The annual review of the care and support provided was up to date. The six-monthly provider-led audit was completed in September 2023. This identified a number of areas for improvement within the centre which were recorded on a quality improvement plan. This was a comprehensive document which identified a person responsible for the completion of the action within a specific timeframe. In addition, the team leader completed a weekly audit and there was a range of daily, monthly and quarterly audits used. Team meetings were taking place on a regular basis and were well attended. Minutes were available for review. Staff spoken with told the inspector that they were supported in their role and they were aware of how to raise a concern if required. When incidents occurred these were documented and if required notifications were submitted to the Chief Inspector of Social Services in line with the requirements of the regulations. This was an improvement on the previous inspections. The staff team were aware of compatibility concerns in the centre. It

was evident from discussion with staff and a review of the documentation that they were working to reduce the risks identified and to resolve the matters arising. This will be expanded on further below.

The provider had arrangements in place to manage complaints. The complaints policy was up to date and information was available in easy-to-read format. A sample of complaints were reviewed by the inspector who found that the records were up-to-date and that the concerns arising were addressed in line with the provider's policy. The inspector found that during the resolution process that a resident requested access to the advocacy service. The resident met with their advocate shortly afterwards and the matter was resolved to the satisfaction of the resident. This was an improvement on the previous inspection.

The next section of this report will describe the care and support that people receive and if it was of good quality and ensured that people were safe.

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support. A recruitment campaign for the position of person in charge was ongoing and the provider was aware of their regulatory responsibilities in this regard.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had arrangements in place to manage complaints. The complaints policy which was up to date. Information was in easy-to-read format for residents'

use. Residents had access to advocacy services if required.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. They were up to date and in line with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

Resident's welfare was supported by a good standard of care and support provided and significant improvements were noted since the last inspection. However, ongoing work was required to ensure that residents were safeguarded and that the measures put in place were effective. In addition, repair works to the premises required completion in line with the dates provided in the provider's compliance plan.

Residents that required support with behaviours of concern had specialist supports in place. Positive behaviour support and safeguarding and protection policies were up to date. The inspector met with the behaviour therapist on the day of inspection. They were attending the centre in order to complete observations and monitor the effectiveness of the behaviour management strategies used. It was clear that the behaviour support specialist and the leadership team had a good understanding of the behaviour support needs of the residents and of the safeguarding risks arising. They showed the inspector the positive behaviour support plans used which provided clear guidance for staff. They were aware of the safeguarding risks and they told the inspector that they were in regular contact with the safeguarding and protection team who had visited the centre that week. In addition, a date was agreed for them to attend a staff team meeting. A compatibility assessment process had commenced and all stakeholder were reported to be working together to support residents with behaviours of concern, to ensure consistency of staffing and to reduce the number of safeguarding issues arising. A high level of incidents were occurring in this centre and the actions put in place required monitoring to ensure that they were effective.

The inspector found that the rights of the residents were respected and their independence and autonomy was promoted. The provider used a positive risk taking approach. For example, as previously outlined maintenance to the kitchen areas was

due to commence. The team leader told the inspector that this was discussed with residents and they were offered the opportunity to have a short holiday break during this period. However, they asked to remain at home during the period of works. This was respected by the provider and a risk assessment with clear control measures was put in place. In addition, a review of the documentation found that residents were supported to make informed decision through the use of easy-to-read documents and one to one educational sessions with their keyworkers. Residents meetings were taking place on a regular basis and the minutes were available for review. For example, there was a clear plan in place to improve the premises provided. Residents were aware of the works to be completed and were involved in planning and preparing.

As part of this inspection, the inspector reviewed the arrangements in place for the ordering, receipt, storage and administration of medicines. Residents had access to a pharmacist of their choice and medicine records were kept in a safe place in the centre. Arrangements were in place to ensure that medicines stored in the centre were stored securely.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives and were supported by staff to be involved in activities that they enjoyed. The inspector found significant improvement in the management systems used. However, ongoing work was required to ensure that the improvements put in place were effective in safeguarding residents from abuse and to ensure that improvements planned for the premises were completed in full by the date agreed.

Regulation 17: Premises

The provider identified areas within the centre that required refurbishment, had recorded these requirements and had a refurbishment plan in place. Where actions were completed these were closed. Other actions were ongoing with evidence of progress observed on the day of inspection

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had arrangements in place for the ordering, receipt, storage and administration of medicines. Medicine records were stored in a safe and accessible place. Medicines were stored securely.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours of concern had the support of specialist staff. The provider's policy on behaviour support and behaviour support plans were up to date. Restrictive practices were in use in this centre. Protocols for their use were in place and these were reviewed recently.

Judgment: Compliant

Regulation 8: Protection

The provider ensured that residents were protected from abuse. The safeguarding policy was up to date. Residents spoken with were aware of what to do if a concern arose and staff were aware of the process to follow if required. Staff had access to safeguarding and protection training and were aware of the identity of the designated officer. However, the following required review;

- Due to the high level of incidents occurring, ongoing work was required to ensure that the improvements put in place were effective in safeguarding residents from abuse.

Judgment: Substantially compliant

Regulation 9: Residents' rights

This designated centre was operated in a manner that respected the rights of the people living there. Residents participated in decisions about the operation of their home and had the freedom to exercise choice and control in their daily lives.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lifford Accommodation OSV-0002678

Inspection ID: MON-0040486

Date of inspection: 06/10/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 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"> • Renovations work commenced on one house on 9/10/2023 with an expected time frame for completion of 4-5 weeks. This consists of the refurbishment of the house’s Kitchen & Dining room, Utility room and Bathrooms. • Work is due to commence on the second house between the 6th & 13th of November, start date is in-line with finish date of the first house. Timeframe on the second house is also 4-5 weeks and will also consist of refurbishment of the Kitchen & Dining room, Utility room and Bathrooms. • Once internal refurbishment work is complete and back yards are clear of construction materials, hedge cutting and over all rear, garden maintenance will be completed by 31/01/2024. • Provider will liaise with Case Holder and advice of completion of the above. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • With a view to addressing safeguarding issues in the service, plans are being developed to facilitate some of the residents move between the houses. It is anticipated that this will be completed by 31/01/2024. • The Behaviour Therapist has been working with the residents and staff to complete compatibility assessments, which will inform the moves. This was completed on 08/11/2023. 	

- Advocacy services are also engaged in this process to ensure same is in-line with service user's will and preference.

In the meantime the following measures are being implemented:

- Safeguarding remains as a mandatory training for all staff.
- Staff working in the service complete training in positive behavior support.
- Safeguarding is a standing agenda item at both the staff team meeting and resident's house meetings.
- Local management and staff remain vigilant around identifying safeguarding concerns and ensuring they are managed correctly with service user safety as a priority.
- All incidents of safeguarding is submitted within the 3-day time frame to HIQA. Preliminary Screenings are submitted to HSE as well as Formal Safeguarding plans where required. Staff working with individuals are informed of all safeguarding plans in place in the service.
- Local HSE safeguarding officer continues to offer support and advice to the staff team around safeguarding incidents.
- Adequate levels of staffing is maintained in the houses at all times, with consideration given to ensuring staffing is consistent and familiar to the residents.
- Key working with residents around safeguarding is completed using visual and easy-read documents. Where there is a specific incident, key working is completed around this also.
- Resident's whom are involved in safeguarding concerns are receiving support from Rehab Group's Behavior Therapist (BT).
- The BT is supporting staff through team meetings, service user & environment specific workshops and 1:1 support to ensure staff are aware, confident and able to manage behaviors and the environment to reduce the impact of behaviors on residents.
- BT is completing skill building and support sessions with service users to work towards reducing behaviors and building skills, confidence and capacity.
- Where required, residents are supported to engage with mental health professionals such as psychology.

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	30/01/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/01/2024