



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

Issued by the Chief Inspector

Name of designated centre:	Sligo Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	09 June 2021
Centre ID:	OSV-0002688
Fieldwork ID:	MON-0032920

About the designated centre

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

Sligo supported accommodation is registered to provide a residential service for four adults with an intellectual disability. Residents who use this service may also require additional supports in relation to their mental health and positive behaviour management. Two residents attend day services in the local area, while one resident receives an integrated service. A combination of support workers and community support workers assist residents during the day and there is a staff sleep-in arrangement to support residents during night-time hours. The centre is a two storey house which is located within walking distance of a large town in the west of Ireland. Each resident has their own bedroom and has access to a communal sitting room and kitchen and dining facilities. Transport is also available for residents to access their local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 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
Wednesday 9 June 2021	10:00hrs to 15:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to live a good quality of life and that they were actively involved in decisions about their care. Residents were also supported to voice their concerns and complaints were actively resolved by management of the centre.

The inspector met with three residents on the day of inspection. A review of documentation occurred in a day service which was operated by the provider and the inspector met with two residents here. Both residents voiced their satisfaction with the service and they spoke about how staff support them to access the community. Both residents said that they were wearing face coverings because of COVID-19 and that it was important to wash your hands. One resident who met with the inspector did so with the support of the person in charge. The resident had an individual communication style which the inspector was unable to fully understand, but the person in charge had a good rapport with them and they assisted with the interactions. This resident indicated that they liked living in the centre and that staff play football with them as it is an activity which they really enjoy. They were also wearing a jersey of their favourite local football team and they explained how they liked going to support them and that they are a season ticket holder. They also explained that they were planning a trip to Old Trafford, and when the inspector reviewed their personal plan this was a prominent goal for them.

Residents attended regular house meetings where they discussed COVID-19 and minutes of these meetings indicated that they were looking forward to the easing of restrictions. Safeguarding was also discussed which promoted the area of self care and protection and enhanced their safety and well being. Each resident also had a charter of rights in their personal plan and staff were in the process of completing rights training. The inspector met with one resident in the centre and they spoke highly of the quality of staff who supported them. They discussed how they liked getting out and about and they had just returned from grocery shopping when the inspector met with them. They did highlight how they did not like some of the interactions with a fellow resident and that they did not "get on" at times. They explained how they had recently complained about this issue and that the person in charge was dealing with the situation. The person in charge was present during this conversation and they discussed with the resident plans for the near future where a new property was under development which would facilitate the resident to have their own self contained apartment. The resident acknowledged that they felt that this would help the situation and they were satisfied that the provider was making progress with their new apartment.

The centre had was clean and warm and had a homely feel. One resident had an interest in art and the walls of the centre displayed this resident's works which gave the centre a unique and welcoming feel. The inspector met with three staff members including the person in charge. One staff member supported one resident during daytime hours and they discussed this resident's individual care needs at

length. This resident had individualised behaviours of concern and the staff member had good insight in regards to their needs and also in regards to the protective and oversight measures which were implemented to promote safety within the centre.

Overall, the inspector found that residents were supported to enjoy a good quality of life and they were looking forward to the easing of restrictions when they could get back to enjoying community activities. Although many aspects of care were maintained to a good standard, some improvements were required in regards to safeguarding, restrictive practices and risk management. These issues will be discussed in the subsequent sections of the report.

Capacity and capability

The inspector found that the governance arrangements which were in place ensured that residents were safe and enjoyed a good quality of life. Although many areas of care were maintained to a good standard, improvements were required in regards to safeguarding.

The person in charge and a team leader were monitoring care practices such as adverse events, staff supervision, personal planning and medication management on a monthly basis which assisted in ensuring that these areas of care were maintained to an overall good standard. However, safeguarding did require improvements. For example, there had been a number of safeguarding incidents prior to the inspection and although the safety of residents had been promoted, not all incidents had been referred as required to the provider's designated officer which potentially could impact on the wellbeing of residents.

The provider had produced a robust contingency plan in response to COVID-19 which enhanced the safety of residents. Staff had completed additional training in regards to the use personal protective equipment (PPE), hand hygiene and infection prevention and control. Staff were also conducting regular sign and symptom checks for themselves and residents and an enhanced cleaning regime was introduced. Detailed arrangements were also outlined in regards to supporting residents who were required to self isolate and initial isolation plans had been revised in response to resident's individual preferences following a suspected case of COVID-19.

The provider had completed all required audits and reviews as required by the regulations which assisted in ensuring that the service was maintained to a good standard. Residents were actively consulted as part of the annual review and their family members were also included for their opinions on the service. All reported that they were happy with the service and the person in charge had introduced some areas to be addressed which assisted in driving improvements in the quality of care which was provided.

Regulation 15: Staffing
The person in charge maintained an accurate rota which indicated that residents were supported by a familiar staff team.
Judgment: Compliant
Regulation 16: Training and staff development
Staff had received additional training in response to COVID-19 and a sample of training records indicated that staff were up to date with the training needs.
Judgment: Compliant
Regulation 23: Governance and management
The provider failed to ensure that that appropriate reporting of safeguarding concerns was in place prior to the day of inspection.
Judgment: Substantially compliant
Regulation 34: Complaints procedure
Judgment: Compliant
Quality and safety
<p>The inspector found that residents were supported to enjoy a good quality of life and they appeared to have a good relationship with staff and the person in charge. However, improvements were required in regards to safeguarding, restrictive practices and risk management.</p> <p>Residents had comprehensive personal plans in place which clearly identified their care needs and how they preferred to have these needs supported. Plans were very</p>

personal in nature and they detailed how some residents loved Sunday lunch with a family member and also remembering loved ones by visiting family graves. Residents were actively involved in their care and they attended planning meetings where they identified items such as future goals which they hoped to achieve. A resident who met with the inspector had a passionate interest in football. A review of this resident's personal plan showed how they were planning a trip to Old Trafford when travel restrictions eased and also how they have a monthly savings plan in order for them to buy their favourite football jerseys. Previous goals which this resident had identified had also been achieved with them exploring their interest in baking and making football crests for themselves and family members.

Residents required some assistance in regards to behaviours of concern and a specific plan of care had been implemented for a resident with an identified behaviour. This behaviour required specific interventions which included the use of restrictive practices. Many good examples of practice were observed whereby the resident attended meetings where these practices were subject to review. However, supporting guidance for the implementation of a restrictive practice did require review as it gave conflicting information in regards to recommended supports and supervision when in the community. Furthermore, although the resident attended planning meetings where some restrictive practices were reviewed, the provider failed to demonstrate that all restrictive practices were openly discussed with the resident.

Safeguarding was a prominent feature on residents' meetings which assisted in their self care and protection. There was one active safeguarding plan on the day of inspection which also promoted residents' wellbeing and safety. However, some improvements were required as not all safeguarding incidents had been referred to the centre's designated officer for review. This was brought to the attention of the person in charge on the day of inspection and additional measures were implemented to ensure that all issues would be referred as required. Although there was no immediate risk to residents and they were protected from abuse, overall improvements were required in this area of care.

The provider had implemented robust risk management plans in response to COVID-19 and additional risk management plans had been implemented which promoted residents' safety in areas such as health needs, visitors and cooking. Although risk management procedures generally promoted residents wellbeing, some improvements were required as additional risk assessments had not been implemented for a resident with specific behaviours of concerns who participated in some community activities independently.

Overall, the inspector found that residents did enjoy a good quality of life; however, improvements were required to significant areas of care such as safeguarding, risk management and the implementation of restrictive practices.

Regulation 26: Risk management procedures

The provider failed to ensure that risk assessments had been implemented for a resident with specific behaviours of concerns who participated in some community activities independently.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had introduced additional infection prevention and control procedures in response to COVID-19. An enhanced cleaning regime was in place and contingency and preparedness planning enhanced the safety of residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in care which assisted in the delivery of care. Plans were reviewed on at least an annual basis with the involvement of residents which promoted their inclusion in decisions about their care.

Judgment: Compliant

Regulation 6: Health care

Residents were reviewed on a planned basis by their general practitioner and also in times of illness. Residents also had access to allied health and medical professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Improvements were required as supporting guidance for the implementation of a restrictive practice gave conflicting information in regards to recommended supports and supervision when in the community. The provider also failed to demonstrate that all restrictive practices were implemented with the informed consent of the resident.

Judgment: Substantially compliant

Regulation 8: Protection

The provider failed to demonstrate that all safeguarding issues had been referred to the provider's designated officer prior to the day of inspection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents attended regular house meeting and they were actively involved in decisions about their care. Each resident's personal plan had a charter of rights and staff were in the process of completing additional training to assist in promoting residents' rights.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sligo Supported Accommodation OSV-0002688

Inspection ID: MON-0032920

Date of inspection: 09/06/2021

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 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"> • Guidance has been provided from the Providers Safeguarding Lead regarding a process that had previously been in place to support a Resident who frequently made statements of concern, this however was not aligned to the organisations safeguarding policy. This guidance has now been implemented to support procedures going forward to ensure policy adherence. • All statements of concern are reviewed by the Designated Officer, Preliminary Screening is completed and submitted to the Safeguarding Team and the safeguarding policy is fully adhered to. • The weekly Team Leader audit and monthly Residential Services Manager audit will review and monitor practice in the service ensuring that all statements of concern are reported on appropriately • The 6 monthly internal monitoring audit will also review all safeguarding concerns to ensure alignment to safeguarding policy and procedures. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Comprehensive risk assessments have been compiled for one Resident relating to their specific behaviors. These risk assessments reflect the identified risks associated with the specific behaviours of one resident and set out procedures for all staff to follow. The risk assessments will be reviewed in full by the supporting MDT. This will be completed by 30/07/2021 	
Regulation 7: Positive behavioural support	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • All identified restrictive practices within the service are to be reviewed with the Behavioural Therapist, ISM, PIC and TL to ensure clarity in procedures for all staff and that there is no conflicting information included. • All restrictive practices have been added to the agenda for discussion with the Service User at six weekly MDTs or as required. • The Behavioural Therapist will attend each MDT to support this process and provide ongoing review of the restrictive practices as required. • The Service User has signed an agreement that clearly states all restrictive practices currently in place to support the Service User with their specific behaviours. • This will be completed by 30/07/2021. 	
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"> • Safeguarding procedures are discussed at monthly team meetings. • All staff have been asked to review the Safeguarding policy and procedures. This will be completed by the 31/07/2021. • All staff are trained in the Safeguarding of Vulnerable Adults. • Staff have completed a 'Safeguarding Action Plan' in supervision following completion of their Safeguarding training. • Any statements of concern reported to staff are forwarded to the DO for submission to the Safeguarding team via PSF and an NFO6 will be completed for same. 	

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 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	15/06/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	02/07/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date	Substantially Compliant	Yellow	09/07/2021

	knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	09/07/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	25/06/2021