

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:	Unannounced
Date of inspection:	12 October 2021
Centre ID:	OSV-0002688
Fieldwork ID:	MON-0031272

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
Tuesday 12 October 2021	09:15hrs to 17:15hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that residents who received care in Sligo Supported Accommodation were provided with person-centred care, where their choices and rights were respected. Observations and discussions with residents and staff on the day, indicated that residents were happy in the centre and that they were supported to make choices about their lives.

On the day of inspection there were three residents residing at this designated centre. The inspector had the opportunity to speak with each person during the course of the day while adhering to the public health guidance of the wearing of face masks and social distancing.

One resident was going to a day service and was waiting for the bus to arrive. The resident showed the inspector some photographs that were displayed and talked about hobbies and interests which included going to see the local soccer team and playing soccer with staff. This resident described feeling 'happy' in the designated centre and that the staff member on duty was the 'best in the world'. The resident had an understanding of safeguarding and of what to do if they had any worries or concerns. Later, a second resident returned from their day service and was watching television in their bedroom. This resident appeared proud of their room which was warm, welcoming and cheerfully decorated. They showed the inspector items of personal interest which included photographs, art work and jigsaws. Another resident told the inspector that they 'did not get on' with a resident in the house and explained to the inspector that this was because they both had different personality traits. This was discussed with the resident who explained that if there was a disagreement that they go to their room for some space.

The inspector also spoke with the staff on duty on the day of inspection. There were two staff on duty in the morning and one told the inspector that they were new. Another social care worker arrived later in the day. One staff member described the designated centre as a good place to work where person-centred care and support of residents was provided. They said that staff views and opinions were valued and that there was good support from the line management either in person or by phone call. The staff were observed interacting with the residents throughout the day and these interactions were found to be caring, supportive and based on the resident's wishes.

This designated centre was a semi-detached house located in a residential area. It was within walking distance of community facilities. There was a large sitting room at the front of the house and this was comfortably decorated. The inspector noted that this room was the only area in which residents could sit and relax. It was noted that there was a space upstairs that had the potential to provide an extra sitting room for television or relaxation. This was discussed with the person in charge who agreed that an extra room for the residents would be useful. To the rear of the house, there was a kitchen/dining room which lead to a small garden. This area was

in need of maintenance and the person in charge said that this was in progress.

Overall, Sligo Supported Accommodation was observed to have a nice atmosphere and the residents' were observed to be engaged in meaningful activities and were happy with the staff supports given.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

The inspector found that Sligo Supported Accommodation had arrangements in place to support the welfare of residents and to ensure that person-centred care was provided. However, improvements were required in the staff arrangements and in the continuity of care and support provided, and in the management and ongoing review of risk in the designated centre.

There were sufficient numbers of staff on duty on the day of inspection to meet the needs of residents. The staff rota was reflective of what was being worked on the day of inspection. However, the inspector observed that there was a reliance on relief staff, some of whom were not familiar with the assessed needs of the residents. A review of the incidents recorded and a discussion with the person in charge showed that in some cases, the incidents occurred due to unfamiliar staff members on duty. Also, the inspector noted that a new staff member was on duty on the day of inspection and when asked, was unable to find the personal protective equipment (PPE) required in order to provide safe care to the residents. The person in charge told the inspector that the consistent relief staff member had left the service and that the provision of relief staff was problematic.

Staff had access to training as part of a continuous professional development programme. All mandatory training requirements were provided and refresher options were offered. Inspectors were informed that staff meetings took place regularly and that the person in charge was regularly available for support at any time, if required.

A review of the monitoring notifications submitted to the Chief Inspector demonstrated that the person in charge had ensured that they were submitted in a timely basis and in accordance with the requirements of the Regulation 31. The provided had ensured that a complaints procedure was in place and that this was accessible to the residents needs. Evidence was provided that any complaints that may arise were dealt with promptly and in line with the organisations policy. Access to an independent advocacy service was available for the residents use. Some residents told the inspector that they were aware of the complaints policy and of how to use it if required.

The provider ensured that an annual review of the service occurred each year, which provided for consultation with residents and their families. The six monthly provider lead audits were up to date. There were systems in place for regular internal audits to occur in the areas of health and safety and fire safety, as well as reviews of incidents that occurred. However, the management of risk required some improvements to ensure that current risks to the provision of service were appropriately assessed and managed. For example, a risk identified was incorrectly allocated on the risk management system and related to a different designated centre. Also, there were risks relating to medication errors which were identified and assessed. However, the risk assessments were not updated to ensure that the control measures put in place were recorded in order to prevent these errors happening again.

Overall, Sligo Supported Accommodation was found to provide good quality, person-centred care to residents. However the inspector found that improvements in consistent staffing, oversight and monitoring by the management team and risk identification would enhance the overall quality of care provided

Regulation 15: Staffing

The provider had an adequate number of staff on duty to support the residents who lived at this centre. However, improvements were required in the continuity of the care and support provided as some of the relief staff provided were not familiar with the assessed needs of the residents or with the day to day running of the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to training and development opportunities as part of a continuous professional development programme.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required in the oversight of the centre in order to ensure that the service provided was safe, appropriate to the residents' assessed needs,

consistent and effectively monitored.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents were notified to the Chief Inspector in accordance with the regulations and within the correct time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured that a complaints policy and procedure was in place and was available in an accessible format for the residents use. Complaints were addressed promptly and access to an advocacy service was provided.

Judgment: Compliant

Quality and safety

This designated centre provided a good service which supported the care and welfare needs of residents. There was evidence of residents' involvement in decision making and the centre was found to promote the rights of residents. It was evident through observations on the day and through a documentation review that residents were consulted about the running of the house and about their day-to-day activities. However, improvements were required in the risk management and oversight, and in the measures used to protect against infection.

Residents who required support with behaviours of concern had up-to-date support plans in place. These positive behaviour support plans were reviewed with the relevant members of the multidisciplinary support team, and they provided comprehensive detail on the strategies used to support the residents' behaviours. Plans also referenced further support protocols to help support residents with anxiety related issues and all staff had received training in positive behaviour support. Improvements were found in the implementation of restrictive practices since the last inspection, for example, restrictive practices had been reviewed with the behaviour therapist and discussed and agreed with the individual residents involved.

The inspector found that safeguarding of residents was supported through staff training and discussions at meetings. One resident spoken with had an awareness of staying staff and said that they would 'go to the staff' if they had any issues or concerns. A review of the documentation provided evidence that the procedures were in place to respond to safeguarding concerns and that these were used effectively and in line with national safeguarding policy. The registered provider ensured that the designated centre was operated in a manner that respected and promoted resident's rights. There was evidence that residents were involved in making decisions about their day to day life, for example, some resident's choose not to attend their day service on Fridays and to participate in community based activities from home instead. Another resident likes to have time alone and has a privacy sign on their bedroom door and there was evidence that this was respected.

There were systems in place for the identification, assessment and management of risk, including a site specific safety statement and plans in place in case of adverse events. Risks that had been identified at service and resident level had been assessed, however the provided had not ensured that these risks assessments were reviewed and updated in order to prevent them from happening again. For example, errors had occurred in the safe administration of medication and the individual risk assessments were not updated to reflect the changes required for safe risk prevention and oversight.

The provider ensured that there were procedures in place for the prevention and control of infection. These included availability of hand sanitisers at entry points, posters on display around the house about prevent infection transmission and a number of staff training courses provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including up-to-date outbreak management plans, risk assessments and ongoing discussion with residents about the risks of COVID-19. However, the inspector found that although staff had received training in the use of personal protective equipment (PPE) the standard precautions were not adhered to. This included the correct wearing of face masks and the correct use of gloves.

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and management of risk. While in general risks were identified and managed well, inspectors found that some risks had not been reviewed and updated in line with the organisational procedures.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Improvement were required to ensure that staff in the centre adhered to the standards on the correct use of personal protective equipment in order to prevent the spread of healthcare associated infections.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Inspectors found that residents who required supports with behaviours of concern and anxiety related behaviours had up-to-date support plans in place. Where restrictive practices were used the person in charge had ensured that the behaviour therapist was involved and that they were reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that safeguarding of residents was promoted. Resident spoken with said that they are very happy in the centre and would go to staff if they had any issues or concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote the rights of residents, with evidence of consultation with residents about the running of the centre and making decisions in their day-to-day 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sligo Supported Accommodation OSV-0002688

Inspection ID: MON-0031272

Date of inspection: 12/10/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • In order to ensure consistent staffing in the service, a business case has been sent to the funder by the provider for approval of hours which are currently being covered within the service by relief staff and the provider is currently awaiting response of same. • Additional relief staff are being recruited currently for Sligo Residential Services. <p>A local level enhanced induction checklist is to be developed by 31/10/21 by the PIC. This will be utilized for relief staff or staff who are not familiar with the service in the event that they have not received a full induction already.</p>	
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"> • PIC will ensure all RIVO’s are allocated to the correct service by 20/11/2021. • PIC will remind all staff when completing RIVO incidents to ensure they are allocated to the correct service. This will happen as part of the next team meeting. • When the PIC is completing service level monthly audit they will ensure all RIVO’s are allocated to the correct system. <p>Whilst completing the monthly audit the PIC will ensure Risk Assessments have been updated to include any new measures that have been put in place to minimize the risk of any incident reoccurring.</p>	

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"> • Risk Assessments have been updated to include any measures that have been implemented following RIVO/incident to reduce the likelihood of this re-occurring. Whilst completing the monthly audit the PIC will ensure Risk Assessments have been updated to include any new measures that have been put in place to minimize the risk of this incident reoccurring. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>At the service team meeting on 22/10/21 a demonstration of donning and doffing PPE is to take place as a further education to all staff. All staff will be observed to demonstrate this correctly. Also, a discussion around cough etiquette, social distancing, use of appropriate PPE at appropriate times and mask wearing is also to be had.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	10/12/2021
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	20/11/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	20/11/2021

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	22/10/2021