



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

Issued by the Chief Inspector

Name of designated centre:	Listowel Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	18 April 2023
Centre ID:	OSV-0005892
Fieldwork ID:	MON-0036865

About the designated centre

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

Listowel Accommodation Service consists of a large detached bungalow located in a rural area but within short driving distances to some towns. This designated centre provides residential care for up to four residents over the age of 18 with intellectual disabilities, Autism and mental health needs. Each resident has their own bedroom and other rooms in the centre include bathrooms, a kitchen/dining room, a sitting room, a conservatory, a utility room and a staff office. Residents are supported by the person in charge, team leaders and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 18 April 2023	09:00hrs to 16:10hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre enjoyed a good quality of life and were well cared for in this centre. Residents were seen to be offered a person centred service, tailored to their individual needs and preferences. There were management systems in place that ensured a safe and effective service was provided. Overall, the inspector found that there was good compliance evident with the regulations in this centre. Some issues in relation to premises will be discussed.

On arrival to the centre the inspector was greeted by a member of staff. On the day of the inspection there were four residents living in the centre. The inspector had the opportunity to meet all four of them. The inspector was introduced to two residents of the centre in the kitchen, who were getting prepared to go to their planned activities for the day. Both residents spoke the inspector, they appeared happy and relaxed. They informed the inspector they were very happy and the staff support them in their daily activities. Both residents were supported with individual day programmes to suit their needs and wishes, activities enjoyed daily by these residents were walks in the community, attended local classes in the community, such as taekwondo and dancing, going to the local shop, equine therapy, art and listening to music. As the centre had two vehicles available to it, this was possible.

Two other residents were being supported by staff to get ready for their day when the inspector arrived. When they were ready the inspector met both residents. One resident was attending a local day service run by another provider, while the other resident was being supported by staff with a day service run from their home, this was the choice of this resident. This resident had a variety of activities in place, which were tailored to the needs of the resident. For example, on the day of the inspection the resident was supported by staff to go for a drive to see boats in a local ferry crossing and went to the local shop to purchase items. Both residents appeared happy and comfortable in their home and with others in the centre on the day of the inspection. The residents appeared content in the presence of the staff members and were able to communicate their needs to them. Interactions between the staff members and the residents were noted to be very respectful in nature. After meeting the residents, the inspector met the person in charge and the team leader of the centre.

The person in charge completed a walk-about of the centre with the inspector. This included an annex apartment which had been recently completed by the provider. An application to vary the conditions of registration had been received from the provider prior to the inspection and will be discussed later in the report. The centre was observed to be decorated in a homely manner with pictures on display. There was a spacious living area, which comprised of a kitchen and dining area, sun room and sitting room, all with sufficient storage available. The premises was also well furnished. However, during the walk around with the person in charge the inspector did observe some areas that required maintenance. For example, there were missing parts of a skirting board in the hallway and beading on the floor was not

fixed to the floor. The bathroom had a noticeable damage to the floor as it was lifting in places and the walls required repair as there was visible damage.

Residents had been supported to complete projects each quarter which were of interest and educational value to the residents, this quarter the residents had completed fire safety with the local fire brigade. Residents had fire safety information on display and pictures of all the residents on the day learning about fire safety. A staff member told the inspector that some residents enjoy gardening and visiting the local garden centres. The residents had a large poly-tunnel in the back garden to enjoy gardening activities, along with a large outdoor swing.

The next two sections of the report present the finding of the 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 the service being delivered.

Capacity and capability

An application to vary had been submitted by the registered provider. This meant that the provider had requested that they make a change to two of their conditions of registration. In this case, the proposed changes was to the floor plan and capacity of the centre. The designated centre had undergone an extension with the addition of an annex apartment. The annex was a self-contained living space with a bathroom, bedroom and kitchen/dining room, which included a fenced garden area also. The provider had identified a current resident of the designed centre to move into the annex apartment. The provider had also proposed to change a current condition to increase the maximum number of residents to be accommodated from four to five residents. The information to support this application had been submitted in a timely manner.

The previous inspection of this designated centre had taken place in December 2021. The registered provider had put a plan in place to ensure compliance levels were addressed since the previous inspection and this was completed. The inspector noted a significant improvement in compliance with the regulations since the previous inspection.

A clear governance and management structure was in place, which outlined the lines of authority and accountability in the centre. This included the person in charge, who held the necessary skills and qualifications to fulfil the role. They were supported in their role by a team leader in the designated centre. There was also evidence that staff team meetings were held on a regular basis.

It was evident that there were management systems in place to ensure that there was effective oversight of the designated centre, and that it provided a safe service to residents in line with their assessed needs. Effective governance arrangements were in place to ensure the service continued to provide a good quality service to

residents. The person in charge had systems in place to monitor the quality and safety of the service delivered to residents, such as infection control audits, medication management audits and weekly/monthly oversight audits which measured performance in key areas and ensured relevant issues were escalated appropriately.

It was evident that oversight of the designated centre was maintained through the completion of the designated centre's annual review and unannounced six monthly visits to the designated centre. The inspector reviewed these documents on the day of the inspection. These reviews included a review of incidents and safeguarding concerns in the designated centre. Where areas of improvement were required, these were supported by an action plan.

The inspectors reviewed the staff training matrix and saw that all staff mandatory training was up-to-date. The registered provider had ensured the number and skill mix of staff was appropriate to the number and assessed needs of the residents. Staff were in receipt of regular supervision to support them to carry out their roles and responsibilities to the best of their abilities. The frequency of this supervision was in line with the provider's policy.

The provider had ensured records of the information and documents in relation to staff specified in schedule 2 were available for the inspectors to review. All necessary information for staff was on file including references, Garda vetting, photo identification, and curriculum vitae. Contracts of care and tenancy agreements were in place for residents that outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive in the centre. These also detailed the services provided and the fees charged.

The registered provider had a current certificate of registration on display in the designated centres hallway. A statement of purpose had been prepared and this document provided all the information set out in schedule 1. However, some minor aspects of this required review in relation to the staffing profile. This was reviewed and amended by the registered provider and submitted to the inspector on the day of the inspection.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 8 (1)

The application for the renewal of registration of this centre was received and contained all of the information as required.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place and this was maintained by the person in charge. From a review of the rosters, the inspector saw that these were an accurate reflection of the staffing arrangements in place for the centre. The inspector observed that there were adequate staffing levels in place in order to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding, human rights and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled.

There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and a sample of records, it was evident that formal supervisions were taking place in line with the provider's policy.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was present in the centre and was available to the inspector for review. It was found to contain all information as required by the Regulation and Schedule 3.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 were in place and available for the inspectors to review.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of good oversight and systems were in place to ensure a safe, consistent and person centred service was provided. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge and the team leader carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. The provider had ensured the unannounced visits to the centre were completed as required by the regulations. Where areas for improvement were identified within these audits, plans were put in place to address these. Additionally, the provider had ensured that the annual review had been completed for the previous year.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. Some minor aspects of this required review in relation to the staffing profile of the designated centre. This was completed on the day of the inspection and submitted to the inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. The complaints flow chart was on display in the designed centre. Residents were supported to make complaints if desired, actions and resident satisfaction with the outcome were recorded. An appeals process was also available to residents.

Judgment: Compliant

Quality and safety

Residents in this centre were provided with a good quality of care and support in line with their choices and wishes. Staff members provided support to residents in line with their assessed needs, and put plans in place to promote residents' independence and choice.

The centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Fire safety systems were being serviced at regular intervals by an external contractor to ensure they were in proper working order. The inspector viewed the annex apartment on the day of the inspection, this was seen to have all the appropriate systems and fire containment measures in place. Fire drills were being carried out regularly, including to reflect times when staffing levels would be at their lowest. The fire evacuation procedures were on display in the centre and records indicated that staff had undergone relevant fire safety training. Each resident had a personal emergency evacuation plan (PEEP) in place which identified a personal evacuation plan for day and night, and there was an overall centre evacuation plan in place also to guide staff.

The inspector reviewed the management of residents' finances in this centre and looked at a sample of the documentation in place around this. Residents had their own bank accounts and were supported to manage their money by staff and management of the centre. Financial assessments were in place for residents. There were clear systems in place to support residents to access their monies as desired and there were robust monitoring arrangements in place to safeguard residents' monies. From meeting with the residents and viewing some bedrooms in the centre, there was evidence that residents were supported to have control over their personal possessions, and had adequate space to store their personal belongings. Residents' rooms were decorated in line with their personal preferences. Each resident had an inventory list of all their personal possessions which was reviewed

on an annual basis.

Satisfactory arrangements were in place for the management of risks. Each resident had individual risks identified and a risk register was in place for the centre. These were regularly reviewed by the person in charge and discussed at team meetings.

The inspector reviewed the restrictions in place in the designated centre. Some restrictions were present in this centre, such as medicines prescribed to support residents daily and medicines to support residents when required. These restrictions were monitored on a restrictive practice log. Residents had access to an psychiatrist who reviewed the residents regularly. Each resident had access to a behavioural therapist which was available in the centre two days a week, and a behaviour support plan. The person in charge and team leader ensured that protocols were in place for the use of these medications. The inspector reviewed these documents and found them to be specific and detailed, which guided staff effectively in their use. Staff were aware of resident's behaviour support plans in place and had received training in positive behaviour support and safe administration of medication.

On review of residents' personal files, it was noted that each resident had been subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. Health care records viewed showed that residents had access to general practitioner on a regular basis and as required. Residents had access to various allied health professionals. Residents were supported to make and attend health care appointments. On the day of the inspection one resident was being supported by staff to attend their ophthalmologist appointment as part of their regular review and support plan in place. The person in charge had ensured each resident had a health care support plan which identified actions and progress in relation to the residents medical needs. At times when a resident refused treatment or interventions, this was recorded and alternative arrangements were made. Such as, another appointment and time spent explaining to the process to the resident in a social story or another appropriate manner to the residents' needs. This was also discussed with the person in charge.

Goals had been identified for each resident, and it was evident that goals were being realised, and that residents were supported to achieve their goals. One resident had successfully completed a goal of going on a plane trip. Other residents had goals set for the coming year which included, a trip to an amusement park abroad, trip to a Gaelic games stadium, overnight holidays with friends, plan a trip to a horse show and to start Jiving classes.

Residents had access to opportunities and facilities while in the centre. They attended day services if desired in line with their wishes and interests. They also had opportunities to participate in a variety of activities in the local community based on their interests, preferences and personal goals. The inspector observed on the day of inspection the individual day programmes each resident accessed in line with their wishes. Residents were supported to maintain contact with friends and family representatives, with some residents visiting their families for overnight stays.

There was evidence of good infection prevention and control (IPC) measures within the designated centre, which included colour coded cleaning equipment, staff knowledge, and regular audits. The person in charge had completed audits along with regular reviews of the Health Information and Quality Authority (HIQA) self-assessment. There was evidence that actions from these were completed. All staff had completed training on hand hygiene, IPC, food hygiene and the use of personal protective equipment (PPE). The inspector reviewed a sample of cleaning schedules in place for the designated centre. These identified all areas of the household to be cleaned on a daily weekly and monthly bases and were well maintained.

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had been supported and encouraged to avail of social, recreational and education opportunities in accordance with their assessed needs and wishes. On the day of the inspection the inspector observed staff supporting residents to go out to the shop as they requested in a nearby town, while another resident was supported to attend a day service.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was seen to be homely and well maintained although some works were identified at the time of the inspection. Areas of the premises seen by the inspector that required maintenance included damage to the bathroom floor which was seen to be visibly lifting in places, damage on the plaster on the walls with holes present. The hallway had parts with missing skirting board and beading on the floor was not fixed securely to the floor.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident was provided with a choice of food in line with any dietary or preferred meal choices. Meal choices were displayed in picture format in the kitchen area.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide was in place that contained all of the required information.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that systems were in place in the designated centre for the assessment, management and ongoing review of risk. This included, individual risk assessments and a risk register for the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control practices were being followed. For example, staff were seen to carry out cleaning within the centre and relevant guidance was also available.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre. There were suitable fire containment measures in place. The annex apartment had in place fire systems and fire containment measures in place also. Fire drills were completed regularly. Each resident had a personal emergency evacuation plan in place which

clearly identified the needs of the residents to evacuate.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to ordering, receipt, prescribing and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of residents' personal plans were viewed. Documentation in place showed that residents were involved in annual person centred planning meetings and that efforts were made to include family members and people important to the residents in this process. Appropriate goals were clearly identified in these plans and there was clear evidence of progression, completion and ongoing review of goals. Goals in place were meaningful and in line with residents' expressed wishes. For example, one resident had recently completed a goal of going on a plane, while another resident was planning a trip to an amusement park abroad.

Judgment: Compliant

Regulation 6: Health care

Overall, residents in this centre were offered good health care supports. Health care records viewed showed that residents had access to a general practitioner on a regular basis and as required. Residents had access to various allied health professionals. Residents were supported to make and attend health care appointments. The person in charge had ensured each resident had a health care support plan which identified actions and progress in relation to the residents medical needs. On the day of the inspection, a resident was supported by staff to attend a planned ophthalmologist appointment which was part of their regular review. This was supported by information in their health care plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each resident had a behavioural support plan in place which was reviewed regularly. The staff members had received training on how to support the residents with behaviours that challenge. The management and staff were supported with a behavioural support therapist at the centre two days a week. The registered provider ensured that all restrictive practices were applied in the least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

Procedures were in place to guide staff on the identification, response, reporting and monitoring of any concerns relating to the safety and welfare of the residents. All staff had received up-to-date training in safeguarding. Each resident had an intimate care plan in place. Residents had safeguarding plans in place which were reviewed regularly.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre, with many of the daily operations being led by the residents' assessed needs and capabilities. All efforts were made by staff to ensure residents' wishes and preferred routines were respected. Residents' forums meetings were held regularly and were used to share news and updates, discuss activities, preferred meal choices, and remind residents of their rights and expectations in a shared living space.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Listowel Accommodation Service OSV-0005892

Inspection ID: MON-0036865

Date of inspection: 18/04/2023

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: The bathroom floor is being replaced by the 30/06/2023.</p> <p>The paneling currently on the walls of the bathroom is being removed and the bathroom is being tiled in entirety by the 30/06/2023.</p> <p>The hallway floor is being removed and floor then compounded and leveled from the front door to the annex entrance door by the 30/06/2023</p> <p>Once the hallway floor is compounded a new floor will be fitted along with new beading and skirting from the front door of the building to the annex door by the 30/06/2023</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 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	30/06/2023