



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

## Issued by the Chief Inspector

Name of designated centre:	Realta
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	11 December 2023
Centre ID:	OSV-0002616
Fieldwork ID:	MON-0032325

## About the designated centre

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

Realta Services is a centre run by the Health Service Executive. The centre is located in a town in Co. Sligo. It provides both residential and shared care for up to six male and female residents over the age of 18 years, who have an intellectual disability. The centre comprises of one two-storey dwelling. Residents living here have own bedroom, some with en-suite facilities, sitting rooms, kitchen and dining area, utility and enclosed garden. Staff are on duty both day and night (waking night) to support residents who avail of this service.

**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
Monday 11 December 2023	09:30hrs to 14:30hrs	Úna McDermott	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support Regulations (2013) and to inform a registration renewal application. The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. From what the inspector observed, it was clear that the residents living at this designated centre were enjoying a good quality life where they were supported to be active participants in the running of their home, to meet with their families and to be involved in their communities.

This designated centre was a semi-detached two-story building located in a busy rural town. It was bright, spacious and accessible in design. Residents had their own bedrooms which were cheerful, cosy and personally decorated. There was a choice of sitting areas so that residents could sit together or apart if they preferred. There was a large kitchen and a separate dining room. To the rear of the house there was a utility room which opened out towards a shared garden. To the side of the property there was a level access courtyard for residents to use during the summer months.

On arrival the inspector met with the person in charge. At the time of inspection there were five residents living at the centre. All residents were supported to complete a residents survey prior to the inspection and these were available for review. One resident had left to attend their day service and another was at home with their family. A third resident was observed having breakfast at the table. Another resident spoke briefly with the inspector and told them that they were looking forward to going for a haircut that day. An additional person was observed moving freely around their home and interacting with staff. They did not speak with the inspector but they smiled and joked with staff members. It was clear that the staff on duty were very familiar with this person's assessed needs. When they asked for support or to complete an activity, this was attended to promptly. For example, they asked to walk to the shop and they left the centre with a staff member shortly after. Later that morning, they left the centre with a staff member to visit another designated centre where they planned to complete a cake baking and tasting session for the residents living there.

Later during the morning, the inspector met with a staff nurse and three healthcare assistants on duty. They told the inspector that the designated centre provided a happy home to the residents, there was good team work and that the person in charge was supportive. When asked, they told the inspector that they had completed training in human rights and this had a positive impact on their day-to-day work. As some of the residents did not communicate verbally, the staff said that it was important that they would understand their needs and 'be their voice'. In addition, they said that they ensured that residents were treated with dignity and respect. A resident stood with the staff during this conversation and the inspector could see that the staff members interacted with them during the conversation.

which ensured that they were included.

Overall, the inspector found that the residents living in this centre had a range of high support needs and this meant that there were a number of care and support tasks to be completed. However, the inspector found that it was a welcoming home with a warm and relaxed atmosphere. The service provided was person-centred and residents were treated with dignity and respect and in a manner that respected equality.

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

## Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. This ensured that the care delivered to residents met their needs and was under ongoing review.

An additional resident was admitted to the service recently and the residents' directory was reviewed. It was up to date and included the information required under schedule 3 of the regulation. A review of the records required under regulation 21 was completed as part of this inspection. A sample of information and documents held in relation to residents and staff found that the information was up-to-date and in line with the requirement of the regulation. In addition, as this was a registration renewal inspection, the provider's insurance arrangements were reviewed. An insurance contract in place which was up to date and met with the requirements of the regulation. Furthermore, the provider submitted a full application for the renewal of registration of the designated centre.

The statement of purpose was available to read in the centre. It had been revised recently and contained the information required under Schedule 1 of the regulation. The policies and procedures required under Schedule 5 of the regulation were prepared in writing and were stored in the centre. They were up to date.

The management structure consisted of a person in charge who reported to the assistant director (ADON) and director of nursing (DON) who joined the feedback meeting held by telephone. The person in charge had responsibility for the governance and oversight of two designated centres which were located close to each other. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role. They told the inspector that they were supported to fulfil their role.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the

staff present at the time of inspection. Nursing care was required which was in line with the statement of purpose and the assessed needs of the residents. Agency staff were used. However, a review of the roster found that the person in charge was not always able to secure additional staff nurses to provide cover if required. This meant that the person in charge would perform the nurse's role or a nurse from a centre nearby would attend in order to assist. The provider had a plan in place to address this issue in the short term as due to the assessed needs of the residents the cover arrangements used were not sustainable.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when core staff and agency staff had attended training. All training modules from the sample reviewed were up to date. In addition to mandatory training, training in human rights and restrictive practices, and training in assisted decision making and capacity was offered to staff. A new staff nurse was employed in this centre. They told the inspector that an induction programme was provided and they were supported in their role. A formal schedule of staff supervision and performance management was in place, with meetings taking place in accordance with the provider's policy.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems used ensured that the service provided was appropriate to the needs of the residents and was effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support. A range of audits were in use in this centre. The annual review of care and support provided and the unannounced six monthly audit were up to date and the actions identified formed a quality improvement plan (QIP). This was a comprehensive document which was reviewed regularly. Team meetings were taking place on a regular basis. They were well attended and the minutes were available for review. A review of incidents occurring found that they were documented in accordance with the provider's policy. The Chief Inspector of Social Services was informed if required in line with the requirements of the regulation.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. This led to good outcomes for residents' quality of life and for the care provided

## Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a full application which complied with the requirements of Schedule 1 of the registration regulation.

Judgment: Compliant

### Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The provider had a staff roster in place which provided an accurate account of the staff present at the time of inspection. This was a nurse-led service. Agency staff were used. However, the inspector found that

- the person in charge was not always able to secure additional staff nurses to provider cover if required. This meant that the person in charge would perform the nurse's role or a nurse from a centre nearby would attend in order assist. This required review.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had a directory of residents which was up to date and available for review in the centre. It included the information required under schedule 3 of the regulation.

Judgment: Compliant



### Regulation 21: Records

A review of the records required under regulation 21 was completed as part of this inspection. A sample of information and documents held in relation to residents and staff found that the information was up-to-date and in line with the requirement of the regulation.

Judgment: Compliant

### Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

### 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.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulation.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider and person in charge had submitted relevant notifications as specified by the Chief Inspector and within the required timeframes.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

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

Judgment: Compliant

#### Quality and safety

The inspector found that the service provided in Realta was person-centred and safe. Residents' rights were respected and they were supported to live rewarding lives as active participants in their community.

Resident were provided with appropriate care and support which was in line with their assessed needs and their individual wishes. Access to facilities for occupation and recreation were provided. These included home and community based activities such as community day services, sensory experiences, swimming, shopping, concerts and day trips. Comprehensive assessments of residents' health, personal and social needs were completed. Each resident had a personal-centred plan and an assessment of need which were reviewed regularly. Residents and their representatives were involved in setting goals through their personal planning meetings.

Residents were provided with support to manage their daily and weekly finances and a review of the systems in place found that they were in line with resident assessed needs. In addition, residents' had adequate and safe spaces to store their money, their clothing and their personal possessions as required.

Residents who required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. For example: residents attended speech and language therapy and occupational therapy. In addition, residents had access to consultant based services if required.

Residents that required support with behaviours of concern had the support of a psychologist and a clinical nurse specialist in place. Behaviour support plans were reviewed recently and the provider's policy on behaviour support was up to date.

Restrictive practices were in use in this centre. Protocols for their use were in place and these were reviewed regularly.

There were no open safeguarding concerns in this designated centre on the day of inspection. Safeguarding training was provided the inspectors found that this was up to date. Residents had intimate care plans which provided guidelines for staff on the dignity and privacy of each person. A review of previous safeguarding plans found that they were completed in line with local and national policy.

The provider had effective management systems in place to reduce and manage risk in the designated centre. These included a risk management policy and arrangements for the assessment, management and ongoing review of risk. Residents had individual risk assessments with actions in place to reduce the risks identified. Where concerns arose, these were identified by the provider and a plan was put in place to manage risks found.

The provider had arrangements in place to reduce the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans and all staff had completed fire training.

In summary, residents at this designated centre were provided with a good quality and safe service, and their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided.

## Regulation 12: Personal possessions

Residents were provided with support to manage their daily and weekly finances and a review of the systems in place found that they were in line with resident assessed needs. In addition, residents' had adequate and safe spaces to store their money, their clothing and their personal possessions as required.

Judgment: Compliant

## Regulation 13: General welfare and development

Resident were provided with appropriate care and support which was in line with their assessed needs and their individual wishes. Access to facilities for occupation and recreation was provided.

Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Annual reviews were up to date.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Residents that required support with behaviours of concern had the support of a

psychologist and a clinical nurse specialist in place. 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. Safeguarding training was provided the inspectors found that this was up to date. Residents had intimate care plans which provided guidelines for staff on the dignity and privacy of each person. A review of previous safeguarding plans found that they were completed in line with local and national policy.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Realta OSV-0002616

Inspection ID: MON-0032325

Date of inspection: 11/12/2023

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In order to achieve compliance with Regulation 15, the following actions will be undertaken;</p> <ul style="list-style-type: none"> <li>• There is 1.5 WTE nurse vacancies at present in this designated center. Both of these positions have been approved for filling and offered out to HSE interview panels. One WTE nurse is currently going through contracting with HR and is scheduled to commence a contract of employment in this designated center on 02/02/2024. This will reduce the nurse vacancy to .5 WTE when this occurs.</li> <li>• The current 1.5 WTE nurse vacancy is covered by two consistent agency nurses who have received a full induction and are familiar with the residents and the designated centre.</li> <li>• The person in charge will continue to monitor the rosters closely to ensure the appropriate staffing and skill mix is in place in accordance with the statement of purpose.</li> </ul>	



**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	02/02/2024