Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Gortacoosh Accomodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	14 February 2023
Centre ID:	OSV-0005870
Fieldwork ID:	MON-0034712

About the designated centre

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

This designated centre was established in early 2019 and is designed and operated to meet the specific needs and preferences of two residents for whom this centre is home. Each resident has their own separate self-contained living space within the house. The service aims to meet the needs of adults with a disability and / or dual diagnosis. Residents have staff support at all times. Residents are encouraged to be independent in everyday living but staff support is provided for those areas that require support and assistance. A process of person centred planning informs the support provided with and for residents and ensures that the service is matched as closely as possible to the assessed needs and preferences of the person. The service is open and staffed on a full-time basis; the model of care is a social model. The staff team is comprised of social care staff; day to day supervision and management is provided by the team leader and the person in charge. The service is located in a rural but populated area. A busy town that offers a range of community and social amenities is nearby and residents have access to their own dedicated transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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 14 February 2023	09:10hrs to 17:15hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's compliance with the regulations. In addition, to ensuring residents were being supported to have a good quality of life in a safe environment while being supported as per their assessed needs. The designated centre is made up of one bungalow which is sub-divided into two individualised apartments which are linked with a connecting internal door. The inspector viewed both apartments on the day of the inspection and met with both residents.

On arrival the inspector was greeted by a staff member who was on duty the morning of the inspection. They were supporting the resident to get ready for the day ahead. The inspector met the resident who was being supported with activities in the designated centre for the morning as part of their regular routine. Staff were observed engaging with the resident in a positive, respectful and knowledgeable manner. The inspector spoke to the resident and about their plans for the day, which included going to a local café and pharmacy. This is something the resident does every week and appeared happy when the inspector asked them about this. Activities were reflective of an activities board in place in the kitchen for the resident. Throughout the interaction the resident was relaxed and comfortable.

Later during the course of the inspection the inspector met with the other resident. The resident had returned from a drive and walk in the local community and was observed to be happy and comfortable. The resident had a programme of interest on the television. The resident enjoyed baking and cooking and had access to their own kitchenette which had been installed the previous year. The resident showed the inspector their pictures of interest. The resident had been for a hot towel shave the previous day and this was a regular activity that the resident enjoyed. The inspector found that the resident's well being was being maintained to a high standard.

In summary, the findings of this inspection found residents were supported to have a good quality of life, with person centre care and support provided by a dedicated staff team. Some issues regarding premises were identified during the inspection. The providers own auditing had also identified an issue and this was being processed at the time of the inspection. Some issues were found regarding the statement of purpose and general welfare and development which will be discussed in the report.

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

The inspector found that the governance and management arrangements within the centre were ensuring a safe and good quality service was delivered to residents. The inspector met the person in charge on the day of the inspection they demonstrated knowledge of their roles and responsibilities throughout the inspection. The person in charge worked full time and had remit over two designated centres and spoke with the inspector about the management systems they had in place to ensure that they were able to maintain full oversight of both centres. They were supported in their role by a team leader who maintained day-to-day oversight of the centre. In addition, they were familiar with the individual assessed needs of the 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. The registered provider had measures in place to maintain oversight of the centre. The registered provider had ensured that an annual review had been completed in 2022. The reflections of family representatives were also included in this review, which were positive and no issues reported with the service provided. In addition unannounced audits were completed six monthly in line with the regulations. The last of which was completed in November 2022. The person in charge had completed some of the actions which were identified by the provider. However, the person in charge had not put in place an action or a time line to achieve all actions identified in the audit. The inspector spoke to the person in charge who identified the plans in place to achieve these actions. The person in charge recorded these actions on the day of the inspection.

Staff in the centre received supervision from the person in charge through quarterly supervision meetings. Formal supervision meetings were completed in accordance with the organisational policy and were completed in conjunction with regular team meetings. These measures were in place to ensure all staff had the opportunity to raise concerns or for issues to be addressed. The registered provider had ensured the number and skill mix of the staff team within the centre was appropriate to the assessed needs of the residents. the person in charge maintained a planned and actual roster in the centre. However, this roster did not reflect the staff set out in the statement of purpose. For example, the statement of purpose identified two team leaders, however this centre operated with one team leader. The inspector reviewed the staff training matrix and saw that all staff mandatory training was up-to-date.

A complaints policy was present within the centre giving clear guidance to staff in relation to the complaints procedure. Details of the complaints officer was accessible in the centre. A complaints log was maintained by the person in charge. The inspector spoke to one resident who indicated they would talk to a staff member if

they had a complaint.

The registered provider also had a directory of residents that was properly maintained with all required information. All mandatory required notifications had been submitted to the Health Information and Quality Authority (HIQA). Each resident had a current contract of support/services and a tenancy agreement in place.

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.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned rota in place which demonstrated the ongoing changes required to maintain safe staffing levels in the designated centre. The provider was actively recruiting to fill one staff vacancy.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training when required. A schedule of training for 2023 was also in place. Arrangements were in place for staff to take part in formal supervision.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the designated centre was resourced to ensure the effective delivery of care and support to residents. The registered provider had also completed an annual review and internal provider led audits. There was also a schedule of audits in place in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose and function is a governance document that outlines the service to be provided in the designated centre. The statement of purpose reviewed on the day of the inspection was found to accurately describe the services provided in the centre. However, the current staffing profile for the governance and management of the centre did not reflect the roster on the day of the inspection. The registered provider had not contained an accurate reflection of staffing in place as per Schedule 1.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all notifications were submitted in writing to the Chief Inspector, including quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-read format available for residents to refer to if required. The complaints flow chart was on display.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the day-to-day practice within this centre ensured that the residents were receiving a safe service that overall meet the residents assessed needs. Residents were seen to be treated with dignity and respect. The care that was provided was appropriate to the resident's needs.

The inspector found the premises to be kept clean and well furnished. Each resident had their own self-contained apartment within the bungalow which was designed to ensure the assessed needs and safety measures of each resident could be met. There was an open plan kitchenette and living area for one resident who had access to their own laundry facilities. Each resident had their own garden area. However, during the walk around with the person in charge inspectors did observe some areas that required maintenance. For example, both bathrooms had noticeable staining around the toilets. This staining was also present in the shower area and shower door of one bathroom. A hand rail in one bathroom had rust present. There was worn paint on kitchen presses in one of the kitchens. The surface of one kitchen table was noticeably chipped in the centre. The registered provider had identified an issue with the flooring in bedroom three on the floor plan. The person in charge showed this to the inspector on the day of the inspection. The flooring appeared to be detached from the skirting board present and visible damage to the edges of the flooring. The person in charge informed the inspector that maintenance had viewed the issue in the previous days and further investigations into the cause of this were ongoing. The provider had replaced flooring in the kitchen previously due to a similar issue that presented itself.

As required multi-disciplinary behaviour support plans were in place. The strategies devised in these plans were developed by a behaviour specialist that has regular contact with the staff team, team leader and person in charge. Each resident receives monthly and quarterly reviews. The person in charge and team leader had ensured actions were in place and being completed. In addition to the behaviour support plans, there was a number of restrictive practices in effect, for example a locked internal door adjoining the apartments and a locked office. Restrictive practices were reviewed on a regular basis by the person in charge and relevant members of a restrictive practice committee. Residents were protected in the centre. Staff had received up-to-date training and refresher training in safeguarding. The inspector spoke to staff and the person in charge who demonstrated knowledge of

safeguarding and the process in place to protect the residents if such an incident should occur. Each resident had an intimate care plan which was reviewed on a regular basis.

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

An 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 their bedrooms in the centre, there was evidence that residents were supported to have control over their personal processions, and had adequate space to store their personal belongings. Residents' rooms were decorated in line with their personal preferences and some residents had items such as televisions, photographs, seating and a range of other personal possessions on display and stored in their bedrooms. Each resident had an inventory list of all their personal possessions which was reviewed on an annual basis.

Residents had access to opportunities and facilities while in the centre. They had opportunities to participate in a variety of activities in the local community based on their interests, preferences and personal goals. Inspectors observed on the day of inspection the individual day programmes each resident accessed in line with their wishes. However, on review of one resident's documentation it was observed the resident was in receipt of a community day service three days a week prior to March 2020. The community day service was run by a different provider. The inspector spoke to the person in charge who highlighted that this day service had not recommenced since the pandemic. The team leader and person in charge had made contact with the day service provider to recommence the day service, however no recent response was received and no action plan was in place to support the resident to access this service. The person in charge acknowledged that the resident would like to recommence this day service opportunity. Residents were supported to maintain contact with friends and family representatives, with one resident was currently being supported to invite their family to the centre to host tea. Residents were also supported by staff to host coffee mornings with friends and visiting friends for coffee mornings in nearby centres and cafes.

Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. These plans were subject to regular review and included meaningful goals. For example, a resident in the centre had plans to access public transport to visit family. The resident wished to use the train for the trip and staff had put in place an action plan to achieve this goal.

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. 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 daily and weekly checks carried out by staff to ensure exits were clear and fire alarm was in working order. It was evidenced that some gaps in the documentation was present for the weekly fire alarm check for 2022, however the provider had identified this on an internal audit in November 2022 and improvements had been seen on the day of the inspection.

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 opportunities in accordance with their assessed needs and wishes. On the day of the inspection the inspector observed staff supporting a resident to go out for tea in a local cafe in a nearby town. The person in charge had ensured a day service programme was available to both residents, provided individually in their home. However, one resident had no access to their community day service since March 2020.

Judgment: Substantially compliant

Regulation 17: Premises

Overall, the premises was seen to be homely although some works were identified at the time of the inspection. Areas of the premises seen by the inspectors that required maintenance included painting of kitchen presses, stained flooring around both residents' toilets and in the shower area of one bathroom and a worn kitchen

table in one apartment. The flooring in bedroom three requires maintenance and investigation to treat the issue that is present.

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 preferred meal choices. Protocols were in place regarding the proper and safe storage of food and these were observed to be adhered to during the inspection. Residents were supported to buy, prepare and cook food.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured all the information specified in Schedule 3: Information for residents was maintained and available for review during the inspection.

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.

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 systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were all serviced as required. There was evidence that fire drills were taking place in the centre.

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

The inspector looked at the personal plans of the residents living in the centre and overall, found them to be up-to-date and reviewed appropriately. Overall personal plans reflected the residents' assessed needs and outlined the support required to meet the individual needs and choices.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were provided with detailed guidance and strategies to help them support residents appropriately. As previously stated, behaviour support plans were in place and up-to-date.

Any restrictive practices used in the centre had been recently reviewed to ensure the least restrictive measure was in place.

Judgment: Compliant

Regulation 8: Protection

The registered provider had arrangements in place to safeguard residents. Staff and management spoken with were knowledgeable on both local and national procedures and were up-to-date with the relevant safeguarding training.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially 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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Gortacoosh Accomodation Service OSV-0005870

Inspection ID: MON-0034712

Date of inspection: 14/02/2023

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • The statement of purpose has been updated to accurately reflect the governance structure within the centre. This was submitted to HIQA on 10/3/2023.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: • The provider has arranged a meeting with an external provider with a view reestablishing a day service for one resident. This meeting took place on 8/3/2023. It is proposes the resident will be returning on phased basis to day service, this will commence on 24/4/2023. In the meantime the resident is being supported by staff to engage in activities of their choice.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Maintenance works outlined in this inspection will be completed by 31/03/2023 with the	

exception of floor in bedroom three.

• The housing association is currently awaiting reports in order to determine actions required to resolve the issues relating to the floor in bedroom three. It is expected that works will be completed by 23/9/2023.

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 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	24/04/2023
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	25/09/2023

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10/03/2023