



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

Issued by the Chief Inspector

Name of designated centre:	Drombanna
Name of provider:	The Rehab Group
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	04 April 2023
Centre ID:	OSV-0002652
Fieldwork ID:	MON-0030554

About the designated centre

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

Drombanna consists of a detached two-storey house located in a small housing development, in a rural area, but within a short driving distance of a city. It also consists of an apartment located within a residential apartment complex, in the same city. The centre provides full-time residential support for a maximum of five residents, all adult males between the ages of 18 and 65. The two-storey house can support four residents, with one resident living in an apartment. The centre can provide services for residents with intellectual disabilities and autism. All residents have their own bedrooms, while other facilities in both the apartment and the house include bathrooms, sitting rooms/lounges, kitchens and staff rooms. Residents are supported by a team comprised of 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:	5
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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 4 April 2023	09:10hrs to 17:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

Drombanna consists of a detached two-storey house located in a small housing development, in a rural area, but within a short driving distance of a city. It also consists of an apartment located within a residential apartment complex, in the same city. The centre provides full-time residential support for a maximum of five residents. This was an announced inspection completed to monitor the ongoing compliance with relevant regulations.

On arrival to the centre the inspector was greeted at the main house by the person in charge and a team leader. The residents were getting ready to start their day and were being supported by their allocated staff. One resident came to the office door to see staff members and smiled at the inspector. Residents were observed leaving the centre to go to their day service. All residents appeared in good form and interacted well with the staff present.

The morning of the inspection after residents left the house was spent reviewing key documentation. This included residents' individualised personal plans, statement of purpose, training records and staff roster. Time was also spent reviewing completed audits to ensure day-to-day monitoring of service provision was in place and effective.

A walk around was completed of the main house. Each resident was supported to have an individual bedroom and personal space. These areas were decorated in accordance with the residents' own interests. For example, one resident enjoyed stoves and farm alarms, with their personal space reflective of this. Another resident had a private shed in the garden area which they could use as they wanted. Some areas of the main house did require attention, for example a broken window in the utility room and some mould on the silicone of the main windows.

The inspector had the opportunity to meet with the residents in the main house on their return from day service. One resident sat with the inspector and smiled when staff informed them they were going home to their family for dinner. Another resident completed their daily routine on their return to the house. They liked to check everything was in the right place a few times before going to their shed to sit and relax.

Another resident met with the inspector in their activity room. They were having their dinner and relaxing after their day. They showed the inspector their favourite pig and interacted in a jovial way with the staff and the inspector. The resident appeared very comfortable in their environment and in the company of staff, laughing and smiling. After residents had their dinner some of them decided to go on a spin in the centre's vehicle.

During the inspection, the inspector also visited the apartment which is part of the centre. The resident in this centre chose not to meet with the inspector but went

about their activity of choice. They went to the local church to light a candle and were going to get their shopping. This resident's apartment was bright and airy and met the needs of the resident. They enjoyed living in the city and being close to the amenities. The supports afforded to the resident were reflective of their assessed needs.

In summary, this inspection found that there was a good level of compliance with the regulations concerning the care and support of residents. This meant that residents were being afforded safe and person centred services that met their assessed needs. The next two sections of the report present the findings of this 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

This inspection was completed to monitor ongoing compliance with relevant regulations and to assist in the decision making process to renew the registration of the centre. The centre was registered until September 2023 and registered provider had applied to renew the registration of the centre for a further three years. While most of the prescribed information required had been submitted to inform this application, some required information for one person participating in management remained outstanding at the time of the inspection.

The registered provider had appointed a suitably qualified and experienced person in charge for the centre. They were full time in their role and also oversaw the operations of a day service used by the residents of the centre. They were supported in their role by two team leaders and reported directly to a person participating in management. There was evidence of communication within all members of the governance team including formal meetings and face-to-face interactions.

Monitoring systems required by the regulations were being implemented by the registered provider. The most recent annual review was completed in October 2022 and an unannounced visit had been completed in January 2023. Residents and their representatives were consulted in both reports. There was clear evidence of ongoing review of actions required including supervision of all staff and the correct closure of fire doors. The use of a tracker system ensured all members of the governance team were aware of allocated timelines and actions to be completed under their responsibility.

The person in charge had a schedule of audits to be completed to ensure the day-to-day operations of the centre was maintained to a high standard. The team leaders had the delegated duty to complete a weekly review of areas such as residents' daily notes, training log and items for quality improvement. The person in charge maintained oversight of these and implemented actions to address any

identified areas. These were used in conjunction to a monthly audit completed by the person in charge. This audit also various incorporated including complaints, risk and infection control.

The registered provider had ensured the number and skill mix of the staff team within the centre was appropriate to the assessed needs of residents. The person in charge maintained a planned and actual staff roster in the centre. There was a regular team of staff in the centre to promote continuity of care. Staff spoken with had an awareness to the needs of the residents currently residing in the centre. Regular team meetings were taking place to ensure all staff had the opportunity to raise concerns or for issues to be addressed.

Each resident in the centre had been supported to sign a contract of service provision. As required residents obtained support from a family representative or staff member to complete this document. It was however evident, that some improvements were required to these documents. For example, the provider's responsibility for maintenance in one house was not correctly set out. Also, as each resident was supported in a different manner regarding the fees to be charged and whom the tenancy of the property was with, this was not clearly documented in the contract.

A complaints policy from January 2021 was adopted by the registered provider. This policy referred to using an electronic system for the logging, review and tracking of all complaints. This included the resolution of the complaint and satisfaction of the complaint. However, the electronic system had not been in place for over 2 months what no alternative system in the centre. While the person in charge could articulate the outcome of all complaints there was no adjoining documentation for this.

Registration Regulation 5: Application for registration or renewal of registration

While most of the prescribed information required had been submitted to inform this application, some required information for one person participating in management remained outstanding at the time of the inspection.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre. They were employed in a full-time capacity.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the allocation of the appropriate staff numbers and skill mix to meet the assessed needs of the residents currently residing in the centre. An actual and planned staff roster was in place which evidenced continuity of care for residents currently residing in the centre

Judgment: Compliant

Regulation 16: Training and staff development

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.

The person in charge had ensured 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 and manual handling.

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 the details as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider has ensured the centre was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of the centre's performance resulting in a thorough and effective quality assurance system.

Completed audits included the annual review 2022 and six-monthly unannounced provider visits. Audits and monitoring systems completed incorporated actions plans to ensure all required actions were addressed in a timely manner.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Written service agreements were in place but some improvements were required to these documents. For example, the provider's responsibility for maintenance in one house was not correctly set out. Also, as each resident was supported in a different manner regarding the fees to be charged and whom the tenancy of the property was with, this was not clearly documented in the contract.

There were no planned admissions to the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the statement of purpose. The document contained the required information required under schedule 1.

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. However, this was not reflective of the current system available to staff to record complaints. This did not allow for the documentation of the resolution of the complaints or the tasks completed following receipt of a complaint.

Judgment: Not compliant

Quality and safety

Within the centre it was evidenced that residents' wellbeing was maintained by a good standard of care and support. On the day of the inspection there was evidence that residents were consulted in the day-to-day operations of the centre. Regular house meetings were completed to encourage such consultation. Residents and their representative were consulted as part of the annual review of service provision with satisfaction questionnaires completed. All individuals were supported in a respectful manner, reflecting their individual needs and personalities.

Residents also had access to their own personal property. Staff maintained an inventory of larger possessions for each resident. The registered provider had developed policies and procedures in the area of personal finances and possessions. This policy set out for residents to have a financial assessment completed to ensure each individual had the required financial support in place to manage their finances effectively. This had not been completed for any resident at the time of the inspection.

The person in charge had ensured each resident in the centre was supported to develop a comprehensive personal plan. This incorporated the annual assessment of need, multidisciplinary recommendations and guidance for staff. Personal plans were holistic in nature and incorporated areas such as social roles, advocacy, skills training and community involvement. Staff spoken with had an awareness of each resident's personal plan and the supports which were to be implemented. Staff were observed adhering to the plans in place in areas as communication, healthcare and mealtimes.

Each resident was also supported to develop goals which were relevant to their needs and interests. These were developed during the person-centred planning meetings and progressed throughout the year. Such goals included to be an active member of the community and to link with local social clubs in the area. One resident's goals was to eat healthy with the resident being supported to follow a new recipe every week.

The residents' health care formed part of their personal plan. Each resident had a comprehensive health assessment with any health need that was identified having a corresponding health care management plan. These plans were reviewed throughout the year and updated as required. The plan gave clear guidance to staff on how to support residents manage their health needs. There was evidence of

input from a variety of health care professionals and specialist medical consultants as necessary. This included speech and language therapy and occupational therapy.

Residents' safety was promoted in this centre. On the day of the centre there was no safeguarding concerns in the centre. All staff were trained in the area of safeguarding. Staff were knowledgeable on the steps that should be taken if there were any safeguarding concerns in the centre. The contact details of the designated officer and complaints officer were on display in the centre. Safeguarding was included as an agenda item on house meetings and team meetings to ensure a consistent approach. Residents had intimate personal care plans in place which set out supports in a dignified manner.

Residents were also protected from the risk of infection. Actions from a previous Health Information and Quality Authority infection control inspection had been completed to ensure good practice in this area. This included repairs to damaged flooring in the kitchen area. There were adequate hand hygiene facilities in the centre. Cleaning checklists showed that the centre was cleaned in line with the provider's guidelines. Environmental audits were routinely completed. Staff were knowledgeable on steps that should be taken to protect residents from infection and where to source guidance on infection prevention.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There were a number of risk assessments that identified centre specific risks, for example, epilepsy and fire safety. Control measures were in place to guide staff on how to reduce these risks. A risk register was maintained which covered numerous risks to the centre as a whole.

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly to ensure their specific support needs were met. Some staff spoken with on the day of the inspection outlined the fire evacuate procedures to follow if needed.

Regulation 12: Personal possessions

Residents had access to their own personal property and were supported to manage their own finances. However, practices in the centre pertaining to the assessment of financial capacity of each resident were not completed in accordance with the organisational policy.

Judgment: Substantially compliant

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were consistently provided for residents to participate in a wide range of activities in the centre and the local community.

Resident choice of activities was respected.

Judgment: Compliant

Regulation 17: Premises

The centre was clean, suitably decorated and accessible to the residents living there. The premises were laid out to meet the aims and objectives of the service and the needs of residents. Each resident had their own private space and access to communal spaces.

Some areas of the main house did require attention, for example a broken window in the utility room and some mould on the silicone of the main windows.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured the development of a guide for residents currently residing in the centre. This document incorporated the information as required under Regulation 20. However, the area relating to the terms and conditions of residency required review to ensure that this was reflective of all residents in the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the provider's guidelines. The provider conducted regular audits of infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly incorporating day and night support requirements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident was supported to develop and maintain an individualised personal plan. These plans incorporated an annual multidisciplinary assessment of each resident's personal needs. Residents were supported to develop personal goals during an annual person-centred planning meetings with evidence of progression of these goals in place.

Guidance for staff was available in a range of areas such as health, social and emotional supports. This ensured a consistent approach to support and adherence to multidisciplinary guidance.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were identified, monitored and responded to promptly.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge had ensured that the centre was operated in a manner which respected the rights of all individuals. Residents were consulted in the day to day operations of the centre through keyworker and house meetings.

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 5: Application for registration or renewal of registration	Substantially 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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Drombanna OSV-0002652

Inspection ID: MON-0030554

Date of inspection: 04/04/2023

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Outstanding information relating to one PPIM has been submitted to accompany the application to re-register this designated centre. This was completed by 15th May 2023.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Improvements have been made to service agreements/contracts to ensure maintenance responsibilities, fees to be charged and whom the tendency of the property is with is clearly documented and explained to residents. This will be completed by the 1st of June 2023.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p>	

The complaints policy and procedures will be updated by the 30th June 2023 to reflect the current system available to record complaints. This new systems requires the PIC to review the resolution of the complaint with the complainant and ensure they are satisfied with the outcome.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- A financial assessment will be completed to determine financial capacity for each resident as per organisational policy. This will be completed by the 1st of September 2023.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The crack on window in the utility room to be fixed/window replaced.
The seal on the windows where mould is present will be replaced. This will be completed by the 1st of September 2023.

Regulation 20: Information for residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:

- The Residents guide will be reviewed and updated to include the terms and conditions of residency to ensure that it is reflective of all residents in the centre. This will be completed by the 12th of June 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
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.	Substantially Compliant	Yellow	15/05/2023
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably	Substantially Compliant	Yellow	01/09/2023

	practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.			
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	01/09/2023
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	12/06/2023
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	01/06/2023
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with,	Substantially Compliant	Yellow	01/06/2023

	the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Not Compliant	Orange	30/06/2023