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Drogheda Supported Accommodation, OSV-0002671, 14 April 2021

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

Issued by the Chief Inspector

Name of designated centre:	Drogheda Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	14 April 2021
Centre ID:	OSV-0002671
Fieldwork ID:	MON-0031014

About the designated centre

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

Drogheda supported accommodation is a designated centre operated by Rehab Group which provides 24 hour residential support to five male and female adults. The centre is a large detached five bedroom house with a large garden to the back of the property. The residents' home is spacious and comprises of a large kitchen dining area, a large sitting room and a large conservatory. It is in close proximity to the nearest town and is within walking distance to a large shopping centre.

Residents attend a day service during the week. A bus is also provided for residents. There are two staff on duty in the evening times and for some hours at the weekend. One sleepover staff is also on duty to support residents at night and in the morning time.

The person in charge is also responsible for other service provision in the wider organisation. In order to assure effective oversight of the centre, a team leader is also in place.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 14 April 2021	11:00hrs to 17:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall the inspector found that residents were very happy living in this centre. Notwithstanding this a number of improvements were required in some of the regulations reviewed.

On the day of the inspection one resident was at home and the other residents were attending a day service. Four of the residents returned later in the afternoon where the inspector got to meet them and observe some practices.

As a result of the restrictions the residents had not been able to go to their usual day services. However, the provider had made provisions for them to go to an alternative location where social distancing and public health guidelines could be maintained. All of the residents were happy with this and as a result were able to remain active despite the COVID-19 restrictions.

Residents appeared very relaxed when they returned from the day service. They were observed sitting down together with a cup of tea to chat about the day and other events coming up in the centre. Some spoke about their plans to just relax for the rest of the evening or that they were looking forward to ordering a take-away later on.

It was clear both from speaking to residents and observing some of their interactions with staff that they directed and were involved in decisions about their lives. In fact there were a number of examples found to show that residents were supported to exercise their rights or were made aware of their rights. For example; prior to receiving a vaccination for COVID-19, residents had been supported to make informed decisions about whether they would consent to receiving this. Information had been made available to them and a decision making check list had been completed to ensure they understood the decision being made. Residents were also observed telling staff what they needed as opposed to staff directing the care and staff were observed informing the residents how they would support them with their needs.

The inspector met with three of the residents with their consent, to discuss their views on what it was like to live in this centre. All of the residents said that they were happy living there and felt safe.

One resident showed the inspector garden furniture they had built and other items they had painted and updated in the garden. It was clear that this resident really enjoyed doing this.

Another resident spoke about how they enjoyed visits home and keeping in contact on a daily basis with family members who were very important to them. This resident spoke about their finances and was very aware of the bills they had to pay in the centre. They also gave examples of how they had control over their own

money in the centre.

Another resident spoke about their interest in art and doing puzzles and was very happy to be back attending a day service which they really enjoyed. They also had a keen interest in some television shows and liked to walk to the local shopping centre to get magazines to keep them updated about what was happening next on their favourite show.

Some of the residents spoke about specific goals they had planned; although a lot of the longer term goals were on hold due COVID-19 restrictions. For example; one resident wanted to get their drivers licence.

Residents said they liked the food provided and if they did not like the meals planned for on a specific day that alternatives were provided. One resident spoke about their love of baking and enjoyed making cakes – lemon drizzle cake being on of their favourites.

It was also clear from speaking to residents that they were very aware of their own health care needs. For example; one resident was happy to go through some of their personal plan with the inspector and spoke about the supports in place for them.

The inspector also got the opportunity to speak to one family representative. Overall they said that they were very happy with the service provided and said that their family member was very happy living there. They also said that staff were very helpful and that they themselves kept in contact with their family member over the phone regularly.

Some of the residents completed questionnaires on the quality and safety of care with the support of staff prior to the inspection. Some of them had raised concerns about not feeling respected by other residents in the centre. However, the inspector found that the provider was addressing these concerns at the time of the inspection. Residents otherwise reported being very happy with the service. Some residents said that they would like a number of items for their home. This feedback was given to the person in charge after the inspection in order to be able to address those issues for the residents. For example; one resident said they would like a television for their room.

Overall the interactions with staff and residents was friendly, supportive and relaxed and it was evident that the residents were able to advocate for themselves about things they wanted changed in the centre or support they needed from staff.

While residents reported that they were happy with the quality of service they received the inspector found that improvements were required in some of the regulations inspected.

The next two sections of this report outline 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 residents lives.

Capacity and capability

Overall while the inspector found that residents were supported to lead self-directed lives in the centre and were able to advocate for themselves, significant improvements were required in regulation 27; protection against infection to ensure that the provider was complying with public health guidance around the management of COVID-19 in this centre. As a result of this, the provider was issued an urgent action plan the day after the inspection to seek assurances around compliance with this regulation. The provider submitted assurances to the Health Information and Quality Authority which addressed the risk in the centre and ensured the safety of other residents. This is discussed further in Section 3 of this report.

Improvements were also required in other regulations including staffing, health care plans, risk management systems and governance and management arrangements in the centre.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were supported in their role by a team leader. Both the person in charge and the team leader were responsible for other areas of service provision in the organisation and spent half of their time in this centre.

The person in charge reported to the integrated service manager who was also a person participating in the management of this centre.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Other audits were also completed in areas such as; medication management, and residents' personal plans. Where actions were required they had been implemented. For example; there had been an increase in medication incidents in the centre last year. As a result, all staff had completed refresher training in the safe administration of medication and additional audits were being conducted to ensure on going compliance with this.

However, while the providers monitoring and auditing practices had identified concerns about ongoing safeguarding issues in the centre and the management of COVID-19, given the findings of this inspection improvements were required in those monitoring and auditing systems specifically related to infection control procedures to ensure that all residents were receiving a safe service.

The staffing levels in the centre were also not consistent with what was outlined in the statement of purpose for the centre. For example; the statement of purpose stated that two staff should be rostered every evening in the centre, however on the

day of the inspection only one staff was on duty. Staff said this occurred on other days at short notice when staff may have to work in other areas of the organisation. In fact, staff were unable to inform the inspector how many staff were actually required in the centre to meet the residents' assessed needs. This meant that residents activities may have to be postponed if a second staff was not available. This required review.

Staff met felt supported in their role and said they could raise concerns about the quality of care to the team leader or the person in charge should the need arise. Staff had supervision conducted with the team leader also to support them and raise concerns. A sample of supervision records viewed showed that where staff needed support, actions were agreed to provide this.

The training records viewed indicated that all staff had completed training in safeguarding adults, manual handling, fire safety, and the safe administration of medication and infection control.

Regulation 15: Staffing

The staffing levels in the centre needed to be reviewed to assure that they were sufficient to meet residents' assessed needs and in line with the Statement of Purpose for the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training records viewed indicated that all staff had completed training in safeguarding adults, manual handling, fire safety, and the safe administration of medication and infection control.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place, however given the issues identified on this inspection, the inspector was not assured that the oversight arrangements were effective in terms of infection control.

Judgment: Substantially compliant

Quality and safety

Overall residents were for the most part enjoying a good quality of life in the centre. However, as mentioned earlier significant improvements were required in infection control and some improvements were required in residents' health care needs.

The inspector found that a new resident had come to live in the centre last year. While this had went very well initially, overtime a number of concerns in relation to compatibility issues and compliance with infection control procedures in the centre were affecting the quality and safety of all residents in the centre. Some residents were understandably not happy with this. As a result the provider had, and was taking actions to address this at the time of the inspection and the resident in question was awaiting a more suitable placement.

However, while the provider had put measures in place to try and address compliance with infection control procedures, one resident did not always comply with public health advice around COVID-19. This posed a difficulty in relation to the safety of the other residents in the centre.

For example; this resident went on overnight home visits regularly and was known not to adhere to public health advice at all times while at home. Following a visit home and on return to the centre, the measures in place to protect other residents were not adequate. For example; one of the measures put in place by the provider required the resident in question to wear a face mask for 48 hours after returning from a visit home, however, the resident was observed not fully complying with this on the day of the inspection. The inspector was also not satisfied that wearing a mask for 48 hours following a visit home (particularly given that the resident did not comply with public health advise) was sufficient to protect other residents in the centre.

As a result the provider was issued with an urgent action plan to address this. Assurances were provided which resulted in a resident moving to an alternative placement following this inspection which mitigated the immediate risk. However, the provider was still seeking more information at the time of this report being written in relation to compliance with public health guidance for the management of home visits in this centre going forward.

Notwithstanding, the provider had provided staff with training in infection control and adequate supplies of personal protective equipment and hand hygiene measures were in place. Contingencies, were also in place to isolate a resident should they become suspected or confirmed of COVID-19. However, as stated one resident did not want to always comply with these measures. Residents were made aware of COVID-19 and had been supported with advice and support on getting

vaccinations.

Residents were supported with their health care needs and also had access to a dentist, dietitian, occupational therapy and physiotherapy which were accessed through community services. Hospital appointments were facilitated as required and care plans were in place to outline how residents were being supported. However, the inspector found that some of these plans required improvements to ensure that the supports were clearly outlined and reviewed to assess the effectiveness of the care provided. For example; one resident had recently being diagnosed with a health condition and the supports in place had not been clearly documented. This was discussed with the person in charge and the team leader at the end of the inspection.

There were systems in place to manage risk in the centre. This included a review of incidents in the centre. Individual risk assessments were in place for each resident along with assessments for specific risks in the centre. However, improvements were required in some risk assessments as they did not clearly outline all of the measures to mitigate a risk. For example; a risk assessment viewed for when staffing was reduced in the centre, outlined procedures to follow to get additional staff, but it did not state the control measures in place when no additional staff were available.

Staff had been provided with training in safeguarding vulnerable adults. A number of safeguarding concerns had been notified to HIQA prior to this inspection. These were related to compatibility issues in the centre. As a result the provider had a number of meetings to try and access a more suitable living arrangement for one resident. This was resolved following this inspection.

Notwithstanding the issues regarding the safeguarding concerns or issues identified about infection control measures in place, the inspector found a number of examples where residents were supported with exercising their rights in the centre as reported earlier in this report.

Regulation 26: Risk management procedures

Improvements were required to some risk assessments as they did not clearly outline all of the measures to mitigate a risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The measures in place to prevent an outbreak of COVID-19 in the centre were not

all in line with current public health guidelines.

Judgment: Not compliant

Regulation 6: Health care

Some health care plans required improvements to ensure that supports for residents were clearly outlined and reviewed to assess the effectiveness of the supports provided.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had been provided with training in safeguarding vulnerable adults. The provider had highlighted a safeguarding concern related to compatibility issues in the centre. This matter was resolved following the inspection which meant that residents would be protected and enjoy a good quality of life in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Notwithstanding the issues regarding the safeguarding concerns or issues identified about infection control measures in place, the inspector found a number of examples where residents were supported with exercising their rights in the centre as reported earlier in this report.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Drogheda Supported Accommodation OSV-0002671

Inspection ID: MON-0031014

Date of inspection: 14/04/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> PIC is completing new needs assessments on each resident to assess what staffing is required on a daily basis. Risk assessment will also be completed on this and SOP and Rota will be updated. This will be completed by 31/05/21. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> The Team Leader and PIC will continue to monitor IPC measures completing a weekly audit and escalating any further concerns via the operational management structure to the Provider's COVID committee. This was completed 24/05/2021. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> All risk assessments are being reviewed and will include clearer measures that are in 	

place to minimise risk. This will be completed by 14/06/21.

Regulation 27: Protection against infection

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

1. ISM (PPIM) is in consultation with Public Health on 16/4/21. The Provider has provided Public Health with written details of the situation and the measures in place. At the time of this submission the Provider is awaiting feedback from public health.

2. The rationale for the home visits for the Resident was due to a clearly expressed wish to exercise their right to continue with overnight visits to the family home during the COVID19 Pandemic and it was deemed essential for their emotional wellbeing. As a result the provider has engaged in a risk management process which also takes into account other non COVID related risks to enable the Resident to visit the family home during Covid19 restrictions. (See document attached to this submission)

3. Outlined below are the agreed control measures in place. All of these are contingent on co-operation from the resident and their family. The Rehab Group are continually working Resident and their family to improve compliance with the agreed controls. However it is important to note that the Resident and / or family members occasionally chooses not to implement all agreed measures.

The following procedure is in currently in place:

- Before each family home visit Resident is reminded of Covid restrictions and IPC requirements (mask/washing hands etc.)
- Family are contacted prior to the visit to ensure that there is no one in the house with Covid symptoms and that there are no gatherings of family/friends planned during the visit.
- Staff must request information from the Resident (Resident may refuse) record it in contact tracing detailing where the resident visited and who she was in contact with including names, the date and time of arrival and departure for each contact for tracing purposes.
- Before the Resident returns to the service staff to call the Resident to discuss whether any of her family or people she came in contact with had been tested for Covid or shown Covid symptoms (temp/coughing etc.).
- On return home, the Resident is to follow infection control procedures including showering, hair washing and changing clothing. The client is to wear a mask for 48 hours after returning home in all communal areas except when having food.
- All clothes that were worn on the family visit should be washed. Bags / other items to be sanitised with sanitizer spray.
- If staff have any concerns around the visit they must discuss these with the Team Leader or PIC, Manager on Call to seek clarification.

4. On 15/04/2021 the Resident who frequently visits home presented with symptoms of Covid and was tested for same. The Resident was requested to relocate to one of the Provider's Isolation Facilities on the evening of 15/04/2021, the Resident refused to relocate to the Isolation Facility. At the time of this submission the result of the test is still pending.

5. Subsequently the other Residents were asked if they would be in agreement to move to the Isolation Facility, the other Residents were not in agreement and did not want to go to the Isolation Facility. These Residents were offered the opportunity to go on a short holiday break. Residents were happy to take up this opportunity.

6. On the 16/04/2021 the provider made the HSE aware of the concerns raised by HIQA. The HSE have been actively working to seek an alternative placement for this resident over the last number of months and have advised the provider that they now have identified a more suitable residential placement for the Resident, however the timeframe and further details have yet to be agreed.

7. As a result of the concerns raised by HIQA the HSE have decided that from 19/04/2021 that the Resident will be offered a temporary placement in another service until the Resident's new permanent placement is available. The HSE have advised this will be facilitated regardless of the outcome of the Covid test that is currently pending.

8. The remaining residents will remain on holiday until the 19/04/2021 at the earliest.

Update:

- Reviewed and updated Isolation Plans based on each individual in detail.
- IPC Risk assessments completed on each resident.
- Measures are now in place in the event that if a resident is not complying to IPC or if a resident refuses to be isolated, it would be referred back to the case management Covid committee and the HSE would be informed – these plans include using an isolation unit or looking at alternative accommodation for other residents to keep them safe during this period. This is now included in the isolation plan.
- If any situation arises in the future, it will be referred back to case management Covid committee to be assessed.

All of the above was taken to case management on Tuesday 16th June and the case management team was happy with the plans in place at present.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

- All health care plans are being reviewed and updated to provide clearer guidelines on the support each individual requires. This will be completed by 14/06/21.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/05/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	24/05/2021
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	14/06/2021

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Red	16/04/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	14/06/2021