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Marble City View Accommodation, OSV-0002643, 24 October 2019

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

Issued by the Chief Inspector

Name of designated centre:	Marble City View Accommodation
Name of provider:	RehabCare
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	24 October 2019
Centre ID:	OSV-0002643
Fieldwork ID:	MON-0027927

About the designated centre

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

Marble city view accommodation aims to provide residential accommodation service to both male and female residents wherein all residents are supported to live as independently as possible within the county of Kilkenny. The premises is comprised of six apartments where the provider strives to afford a high quality, supportive, flexible, person centred accommodation service to all residents, seven days per week. This service is designed to provide care and support to a maximum of 15 residents, male or female, from the age of eighteen years. 13 residents currently reside within the centre. The service users can remain in the service for as long as they wish unless the service can no longer meet the individual assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
24 October 2019	09:00hrs to 13:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

On the inspectors arrival to the centre it was observed to be a hive of activity with residents running out the door to start their busy schedules. This included attending a variety of day services and training centres in the local community. Residents were supported to attend these activities independently with the required supports in place such as a texting support system to inform staff of their arrival at their individual centre. The profile of residents using this service were of a high level of supported independence.

One resident's day schedule was not due to commence until 10am and they were spending time relaxing in their roof garden. They requested to speak with the inspector. They spoke of the supports they received from the staff team to live their life as independently as possible. They spoke of training courses which they had recently completed including budgeting, safeguarding and internet safety.

A Halloween party was been planned by this resident for their friends in the centre to enjoy. They were busy organising the music and treats which would make the party a great event for all. The resident spoke of going on nights out with his friends in the centre also, going to local comedy gigs and other social events in the local community.

They spoke of the large group of friends within the centre and how they all look out for each other by calling in for a cup of tea or coffee and a chat.

Staff who were met with and observed, spoke with the residents in a respectful manner. They articulated a clear knowledge of the supports needs of the residents assessed needs.

Capacity and capability

This inspection was implemented to ensure the residents currently residing within Marble city view accommodation were afforded a safe service, appropriately protected and encouraged to independently live life in accordance with assessed needs and good risk management practice. To ensure this information was achieved a number of regulations were focused upon. The inspector found good evidence that the capacity and capability of the registered provider was appropriate to ensure the service was safe and effective.

The registered provider had ensured the allocation of a clear governance structure within the centre. Whilst this structure had recently changed a clear transition was occurring to ensure the knowledge and oversight of the governance team was

maintained. A suitably qualified and experienced person in charge had been allocated to the centre. They reported directly to two persons participating in management. The person in charge had effective systems in place to ensure there was clear oversight to the needs of the resident and the service. There was clear evidence of communication within this structure including regular staff meetings and governance reviews.

The registered provider had appointed a staffing compliment to the centre to ensure the assessed needs of the residents were supported in a safe manner. This staffing level was currently under review with an application for increased levels submitted to the national funder due to impending changing needs of residents. Whilst awaiting response to this application, staffing levels allocated to the centre were continually reviewed by the person in charge whilst completing the staff rota. As required additional staffing hours were being allocated to adhere to safeguarding plans, risk assessments and to promote community activities.

The registered provider had ensured an effective complaints procedure was in place. An organisational policy was in place to ensure the residents and staff were aware of the complaints procedure to adhere to, should a complaint arise. The contact details of the complaints officer including their contact details and photograph was visible in a number of locations within the centre. Where a complaint was received this was logged within a site specific complaints log. As per the policy of a complaint could not be addressed at local level this was escalated the complaints officer and members of the senior governance team. Correspondence between all complainants and the organisation were clearly logged with a time line maintained. Where a complainant was not satisfied there was evidence of adherence to the organisational complaints procedure.

Within the complaints log there was evidence of residents being supported to submit a complaint if they were not satisfied with the service. All residents had received training in the complaints procedure to ensure they could complete this independently without the reliance of staff.

Any resident spoken with on this inspection stated they were happy with the service they received and the inspector saw evidence of all resident complaints that had been made appropriately responded to.

Regulation 15: Staffing

The registered provider had appointed a staffing compliment to the centre to ensure the assessed needs of the residents were supported in a safe manner. This staffing level was currently under review with measures in place to ensure pending outcome that residents safety was maintained.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the allocation of a clear governance structure within the centre. The person in charge had effective systems in place to ensure there was clear oversight to the needs of the resident and the service. This oversight was communicated with all members of the governance team.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured an effective complaints procedure was in place. An organisational policy was in place to ensure the residents and staff were aware of the complaints procedure to adhere should a complaint arise.

As per the policy of a complaint could not be addressed at local level this was escalated the complaints officer and members of the senior governance team.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the service provided to residents within the centre. It was evident that the safety and well being of the residents was paramount and where required additional supports both internal and external to the service were facilitated to support this. The independence of the residents to participate in their life to the fullest was encouraged and measures implemented to promote this including training and risk assessments.

Residents were afforded the opportunity to participate in a range of training activities to maintain their safety and to protect them from potential abuse. This included Internet safety, budgeting and road safety. Where residents had been deemed to be vulnerable to abuse, appropriate safeguarding plans had been developed. These plans were reviewed on an ongoing basis by the staff team within the support of the governance team, to ensure measures in place were effective in appropriately safeguarding residents. Residents were supported to be included in the development and review of all safeguarding plans to ensure they were aware of the safeguarding risks and the rationale for the required safeguarding plans.

Where engagement with external agencies was required, this took place and was appropriately recorded. Ongoing communication was evident with clear guidance received from Gardaí regarding effective safeguarding measures required. The community Garda team had visited the centre and spoken with a number of residents regarding their personal safety for example "say no, walk away and ask for help".

All staff spoken with had received training in the area of safeguarding and in conjunction with this and an organisational policy and were aware of procedures to adhere to should a safeguarding concerns arise. Residents were supported to receive additional support from an independent advocate as requested/ required. Residents were found to be supported to complete an assessment of their capacity to assist in their decision making and consent to pertinent life decisions.

The registered provider had ensured that the organisational risk management policy incorporated the four specific risks as required under the Health Act 2007. They had also ensured effective systems were in place ongoing assessment, management and ongoing review of risk. The person in charge had ensured the development and ongoing review of risk. A risk register was in place and incorporated all identified risks and the control measures in place to reduce the likelihood and impact of these risks. Where an individual risk had been identified an individualised risk assessment was in place which assessed the impact on the individual and the measures required to minimise the impact. The residents again were involved in the development and review of these assessments and signed their agreement to measures required. There was evidence of ongoing review of all identified risk to ensure the risk rating attached to same were reflective of the current status of the risk.

Regulation 26: Risk management procedures

The registered provider had ensured that the organisational risk management policy incorporated the four specific risks as required under the Health Act 2007. They had also ensured effective systems were in place ongoing assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured effective measures were in place to safeguard residents from all forms of abuse. This included the provision of resident and staff training, the development and adherence to local and national policy and the development of clear safeguarding plans.

Where an allegation of abuse came to the attention of the organisation effective measures were implemented to ensure an investigation was completed effectually and required measures put in place to protect the individual.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Compliant