

# eDeposit Ireland

## Inis Grove Adult Residential Service, OSV-0002645, 21 February 2019

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Inis Grove Adult Residential Service, OSV-0002645, 21 February 2019', [report], Health Information and Quality Authority, 2019-06-19, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-06-11 19:40:09
Link to Item	<a href="https://hdl.handle.net/20.500.14765/99229">https://hdl.handle.net/20.500.14765/99229</a>



## Office of the Chief Inspector

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

Name of designated centre:	Inis Grove Adult Residential Service
Name of provider:	RehabCare
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	21 February 2019
Centre ID:	OSV-0002645
Fieldwork ID:	MON-0026350

## About the designated centre

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

Inis Grove Residential Service provides a holistic service, supporting both the young person and their family, in a home from home environment. The centre can provide care and support for two adults with a diagnosis of autism, learning disability and or physical, sensory disabilities and communication disorders. The service can provide support to males and females over 18 yrs.

**The following information outlines some additional data on this centre.**

Current registration end date:	18/10/2021
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 - 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
21 February 2019	09:30hrs to 14:15hrs	Jackie Warren	Lead

## Views of people who use the service

The inspector met with both residents who lived in this service, but neither spoke with the inspector. However, the inspector observed that these residents appeared to be comfortable in the company of staff, and in their environment.

## Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for residents living at this centre.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care, support and safety being provided to residents living at the centre. Six-monthly unannounced audits of the centre's practices were being carried out by members of the management team. Audit records showed a high level of compliance, and any findings had been addressed in a timely manner.

There was a person in charge responsible for the overall management of the centre. A team leader, based in the centre, had responsibility for the day-to-day running of the service and worked closely with the person in charge. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty, and these were effective on the day of inspection. A person participating in management also came to the centre during the inspection.

The management team were familiar with the care needs of residents, and were very focused on working with the provider to improve the service being delivered. The provider had been working on securing alternative accommodation for this service and this was at an advanced stage of completion. The management team were very conscious of the importance of robust transition planning for the transition of residents to the new accommodation and from children's to adults services.

During the inspection, the inspector observed that staff supported residents' needs, including their daily activities programmes, community involvement, and taking part in activities of their choice. There was transport provided to support residents to take part in these activities.

The provider had ensured that there were a range of operational policies available to

guide staff, and staff who spoke with the inspector were knowledgeable of residents' support needs. Furthermore, the provider had ensured that the records and documentation required by the regulations, such as service agreements and a directory of residents, were available.

### Regulation 19: Directory of residents

There was a directory of residents which included the required information for each resident who lived in the centre.

Judgment: Compliant

### Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up-to-date. Records that were reviewed were maintained in a clear and orderly manner and were suitably stored.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. A variety of auditing was being carried out by both the provider's management team and by staff in the centre to ensure that the service was provided in-line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents.

Judgment: Compliant

## Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff. The sample of policies viewed were informative and were up-to-date.

Judgment: Compliant

## Quality and safety

Residents received person centred care that supported them to be involved in activities that they enjoyed on a daily basis. This ensured that the resident's well-being was promoted at all times and that residents were kept safe. Residents' quality of life was prioritised by the systems in the centre, and their rights and choices were supported.

The management team had taken measures to protect residents from harm and to keep them safe. There was a safeguarding policy and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise any signs of abuse and or neglect. Information on being safe was supplied to residents, and the service of a designated safeguarding officer was available. During the course of the inspection, staff interaction with residents was seen to be person centred and respectful. Systems, including training, were also in place to ensure that any behaviour management issues that might arise were managed appropriately and safely.

Review meetings between residents, their families and staff took place annually, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified, and that supports were put in place to ensure that these were met. While residents' personal planning information was generally well recorded and informative, some information was not recorded in sufficient

detail to guide practice.

Residents were supported to spend their days in a manner that was meaningful and enjoyable for them. Home based activity programmes were available in the centre to suit the needs and preferences of residents. Arrangements were in place to support residents to enjoy active lifestyles, to learn new skills, and to keep in contact with family and friends. Techniques were also in place to assist residents to understand staff, and to communicate with them.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare.

Overall, there was a high level of compliance with regulations relating to the quality and safety of resident care.

### Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. These supports included an up-to-date policy to guide staff, assessment by a speech and language therapist and the use of assistive technology.

Judgment: Compliant

### Regulation 11: Visits

Residents could receive visitors in the centre in accordance with their own wishes, and there were sufficient rooms in the centre for residents to meet with visitors in private. Residents were also supported to meet with and visit family and friends in other places.

Judgment: Compliant

### Regulation 20: Information for residents

Information was provided for residents in a user friendly format, that suited each person's communication needs. There was also an easy-read residents' guide that

met the requirements of the regulations.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each person's assessed needs. Residents' personal goals, and health and social care needs, were agreed annually and these were made available to residents in a user-friendly format. Overall, comprehensive information had been developed to guide staff. Improvement was required, however, to the plan of care and interventions in place for a weight management issue, to ensure that this issue was being suitably monitored and managed.

Judgment: Substantially compliant

### Regulation 6: Health care

The health needs of residents were assessed and they had good access to general practitioner services. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenges. There was an up-to-date policy to guide staff. Informative behaviour support plans had been developed as required, with input from a behaviour support specialist, and these plans were being implemented. Staff were very knowledgeable of residents' support needs.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm. These included clear protocols for use of restrictive practice, identification of risks that could harm residents, the services of a designated safeguarding officer, and an up-to-date policy to guide staff.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Inis Grove Adult Residential Service OSV-0002645

Inspection ID: MON-0026350

Date of inspection: 21/02/2019

## 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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Data collection in place daily to monitor food/fluid intake and exercise. Weekly record of weight is now recorded.	

## 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 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	25/03/2019