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Dundalk Supported Accommodation, OSV-0003405, 18 June 2019

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Office of the Chief Inspector

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

Name of designated centre:	Dundalk Supported Accommodation
Name of provider:	RehabCare
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	18 June 2019
Centre ID:	OSV-0003405
Fieldwork ID:	MON-0022524

About the designated centre

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

The designated centre is a detached five bedroomed house in a housing estate in close proximity to the nearest town, which can accommodate up to five residents with an intellectual disability.

Staff support is in the evenings and mornings, with sleepover staff overnight. The centre is not staffed during the day, although the provider describes support being available in response to specific immediate needs or special events.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
18 June 2019	10:30hrs to 18:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

There were five residents on the day of the inspection, and the inspector met all five people. Residents greeted the inspector on arrival, and knew the purpose of the visit. Several residents chatted to the inspector about their daily lives, upcoming events and holidays. They proudly showed the inspector around their home, and said that they were very happy in their home. Some residents explained particular supports they were receiving in relation to individual circumstances. Residents explained to the inspector what they would do in the event of an emergency or fire alarm, and residents who sometimes spent time alone in the house discussed their safety at such times, and how they would respond to various situations.

Residents were observed interacting together over snacks and meals, and enjoyed conversation together. They also appeared to be comfortable with staff members, and some people were observed to approach staff members for support. Overall residents described, and appeared to have a good quality of life.

Capacity and capability

The centre was effectively managed. There was a clearly defined management structure in place with clear lines of accountability. However, some review was required with regard to the arrangements for a key management role in the centre.

The provider had ensured that key roles within the centre were appropriately filled, although the role of person in charge was not full time as required by the regulations. The person in charge was appropriately qualified and demonstrated a commitment to quality improvement. She was knowledgeable about the care and support needs of residents, and residents were observed to approach her for support during the course of the inspection.

There was a detailed Statement of Purpose in place, which accurately described the service offered to residents.

Systems were in place to ensure continual monitoring the support and care offered in the centre for the most part. Six monthly unannounced visits on behalf of the provider had taken place, and any required actions identified had been addressed in a timely manner. There was a schedule of auditing in place including health and safety and financial management. There was robust oversight of the completion of any actions required from these processes, both by the person in charge, the area manager and by the quality team. However, it was evident that greater oversight of medication management practices was required. An audit conducted by the local

pharmacist was not available in the centre, other than an email indicating that the audit results were compliant. There was therefore no learning, and no information as to which areas of medication management had been addressed. There was an on-going practice in the centre whereby staff members transcribed prescriptions onto medication records, contrary to good practice. This practice was not supported by the organisation's policy on medication management. This practice had not been identified in any of the provider's monitoring processes and required greater oversight by the management structure.

The provider had arrangements in place to ensure a consistent and up to date staff team. The number and skills mix of staff was appropriate to meet the needs of residents. The centre was not normally staffed for a few hours during the day on weekdays, however nearly all the residents were independent and able to be in their home alone. If a resident was not able to be alone there were contingency plans to support this . Staff were in receipt of regular mandatory training, and additional training relating to specific support needs of residents. Staff were knowledgeable about the support needs of residents, and were observed to be implementing any guidance on the support requirements of residents. Staff supervision took place regularly and it was apparent that staff were supported to provide safe and quality care to residents in accordance with their needs and preferences.

There was a clear complaints procedure in place which was clearly available, and a log was available which in which to record of any complaints. There were no current complaints, which was consistent with the conversations with residents, who knew who to approach in=f they had a complaint.

Overall the provider had systems in place to ensure issues were addressed in a timely manner, and that the quality of life for residents was upheld.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre, however the position of person in charge was not full time.

Judgment: Substantially compliant

Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place, with the exception of oversight of medication management practices..

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place which was available in an accessible version. A complaints log was maintained, and residents and their families were aware of the procedure if they wished to make a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required under Schedule 5 were in place and had been reviewed within the required timeframe.

Judgment: Compliant

Quality and safety

The provider had put arrangements in place to ensure that residents rights were upheld, that they had support in engaging in a meaningful activities and to have a good quality of life.

The premises were appropriate to the needs of residents. Each resident had their own room, which was furnished and decorated in accordance with their preferences, and contained various personal items. There were various communal living areas so that residents could choose to be alone or to be with others. The centre was located close to the local town, with public transport at the end of the street, which supported residents to travel independently. Therefore the rights of residents to have control over their living environment was respected and supported.

There were systems and processes in place in relation to fire safety. All required fire safety equipment was in place and appropriately maintained. There was a personal evacuation plan in place for each resident. Residents could describe what they would do if there was a fire and regular evacuation drills had been undertaken, including under night time circumstances. The provider had demonstrated that residents could be evacuated safely in the event of an emergency.

Any accidents and incidents were recorded and reported appropriately, and records maintained included learning outcomes and required actions taken to mitigate any

risk. Where actions were identified as being required, these had been completed. A risk log was maintained in which local environmental risks were recorded and risk rated. There was an associated risk assessment and risk management plan which detailed guidance for staff in the management of the risk. However, individual risk assessments relating each resident were maintained in their individual records, and were not included in the risk oversight document. In addition, not all identified risks had been included in this process. There was insufficient evidence that the risk of lone working had been assessed and mitigated, and residents who spent time alone in the house did not all have a risk assessment and management plan in place to support this independent activity. Therefore, while risk management processes were in place and the safety of residents was prioritised, there were gaps in the documentation that meant that there was not complete oversight of risk throughout the centre.

There were robust systems in place in relation to the safeguarding of residents. All staff had had appropriate training and there was a policy in place to guide staff. Staff and the person in charge were aware of their roles in relation to safeguarding of residents. Where safeguarding plans had been introduced, they had been fully implemented, and all issues had been resolved. These systems were effective in ensuring residents were protected.

There were no infection control issues in the centre, which was maintained to a high level of cleanliness. There was good management of cleaning equipment and hand hygiene facilities were readily available. Food safety and hygiene was well managed, and a cleaning checklist was maintained.

Residents had access to a balanced diet, and to choice of meals and snacks. They were supported to be independent in the management of many of their meals and snacks, and any dietary requirements were supported.

The first section of this report addressed the need for greater oversight of medication management practices by the management structures. Otherwise systems in place around medication management were appropriate. Each resident had a self medication assessment in place, and people were managing their medications at various levels of independence in accordance with these assessments. Storage, stock management and storage were all managed safely, and all staff had a good knowledge of the medication needs of residents.

Each resident had a personal plan in place based on an assessment of needs and abilities, each of which were regularly reviewed. Person centred planning meetings were regularly held with residents, and these meetings led to a personal action plan, which listed goals towards maximising personal development. Steps toward these goals were monitored and recorded. Healthcare needs were supported through the personal planning system, in accordance with each individual's assessed needs, and all appropriate referrals for healthcare assessments and interventions had been made. Residents were supported to be independent in managing healthcare in accordance with their needs and abilities. Therefore it was evident that the provider had put in place systems to ensure that healthcare needs were met.

Residents were supported to engage in activities which were meaningful to them, in accordance with their abilities and preferences. Some residents were supported to be employed in the local community, and others attended daily activities which had been assessed as meeting their needs. There were many leisure activities available to residents including learning new hobbies and social events and outings. Residents were enthusiastic about the different things they were engaged in. Therefore residents were supported to have a meaningful day and to maximise their potential.

Residents rights were supported in the centre. Residents had access to an independent advocate, who had visited their house and had a chat with them. There were detailed transition plans in place for any new residents, to ensure that all residents were happy with any changes. Residents were supported to manage their own money, and to control who had access to their information, including having been asked for their consent to the HIQA inspector reviewing their information.

Overall the provider had systems in place to ensure that residents had a safe and meaningful life, that their choices were respected and that their rights were upheld.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences.

Judgment: Compliant

Regulation 17: Premises

The design and layout to the premises was appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, and to have choice of meals and snacks.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate processes were in place to assess and mitigate identified risks. However, not all risks were included in these processes and some risks, such as lone working, required further review.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Effective measures were in place to ensure protection against infection.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions had been taken against the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Structures and procedures were in place to ensure the safe management of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place based on an assessment of needs. Plans had been reviewed regularly and were available to residents in an accessible format.

Judgment: Compliant

Regulation 6: Health care

Provision was made for appropriate healthcare.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

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 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dundalk Supported Accommodation OSV-0003405

Inspection ID: MON-0022524

Date of inspection: 18/06/2019

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>PIC will be employed on a full time position to meet current service needs.</p> <p>Date: 31st August 2019</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Medication Dar forms are now filled in by the pharmacist.</p> <p>The new internal audit pilot template now includes a section on medication in order to have a governance overview of the medication in the centres to ensure compliance in this area.</p> <p>Monthly pilot audit template also includes medication section in order to monitor this area.</p> <p>Completed: 23/07/19 Both of the above pilot templates are in place in the service now.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk assessment register is going to be reviewed to include all risk assessments including individual risk assessments. All risk assessments are also going to be reviewed to ensure that all aspects of risks and contingency plans are looked at including lone working.</p> <p>Date to be completed: 16th August 2019</p>	

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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Substantially Compliant	Yellow	31/08/2019
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	23/07/2019
Regulation 26(2)	The registered	Substantially	Yellow	26/08/2019

	provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Compliant		
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