



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

## Issued by the Chief Inspector

Name of designated centre:	Castlebar Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	09 September 2024
Centre ID:	OSV-0002672
Fieldwork ID:	MON-0036347

## About the designated centre

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

Castlebar supported accommodation provides a full-time residential service to four residents for 52 weeks per year. The centre is located in a large town in Co. Mayo and is central to the local amenities in the town. There are two females and two males living in the service. All residents have a mild learning disability and one resident also has a physical disability. The service consists of a large two-storey detached building in a housing estate in the town. Residents are supported by one social care staff member in the morning and the evening with a staff sleepover at night. The centre also has an apartment attached to the side of the house, where one individual who has transitioned out of the service lives; however, this apartment is not registered with HIQA and staff do not provide support to this individual.

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

Number of residents on the date of inspection:	4
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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
Monday 9 September 2024	09:00hrs to 17:00hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection to monitor compliance with the regulations in line with the registration renewal application for Castlebar supported accommodation. Overall, this inspection found that the service was meeting the needs of the residents who lived there as well as supporting them to lead very active lives. The inspector also noted that actions from the previous inspection were addressed satisfactorily and this will be discussed throughout the report.

On arrival to the centre, the inspector met the person in charge and the team leader. The residents had left to attend day service, and personalised programmes that day. The inspector provided identification to staff and residents on arrival and a "nice to meet you" document was displayed in the centre. This document assists with explaining about the inspection and also provides photographs to explain the visit to residents clearly. After an opening meeting, a walk-around of the centre was completed and the management team showed the inspector improvements that were completed. This included the addition of an outdoor clothes drying shelter, paintwork and renovation to a downstairs bathroom. Throughout this time the inspector noted that staff spoke with knowledge and respect for the residents, while also outlining the programme in place. The residents returned to the centre, in the afternoon and the inspector could see the comfort they had with staff and management. One resident chatted about attending various sporting events and was very knowledgeable on facilities in each sporting centre, while also highlighting gaps evident in public services for persons with disabilities. Another resident told the inspector about their job in a local sports gymnasium and another resident enjoyed providing support in a local primary health centre. It was very evident to the inspector that each resident was offered choice and active participation in their local community while also respecting their rights in this centre.

The inspector found that this centre was a very comfortable and spacious home for four residents at present. The house was nicely furnished and laid out, visibly clean throughout the centre. Each resident had their own room and some had an attached ensuite facility. There was also evidence of resident's personal belongings and possessions throughout the centre and in their private space.

It was clear that staff were very familiar with residents' needs, and their various styles of communicating. Staff could interpret the behaviours of residents and explain to the inspector what it was that they were communicating where required. Staff were seen to respond appropriately to all residents and provided support when residents asked to speak with them privately or individually. The inspector observed the ease and manner in which staff and management interacted with the residents and found that this was very respectful, calm and professional at all times, while promoting a homely environment. Staff spoken with were very familiar and planning ahead for residents due to annual leave and personal events to ensure appropriate and familiar staff were on duty to support the residents in this centre.

There was easy to read documentation and information readily available to residents throughout the centre, including information about staff on duty and menu planning in the centre for example.

Overall it was very clear that great efforts were made to ensure the comfort of residents, and to accommodate residents needs in this centre. The inspector noted that the staff and management team provided a very person centred service in this centre and encouraged and promoted opportunities for choice and individualised activities for residents living in this centre.

The next two sections of the report outline the findings of the inspection in relation to the governance and managements in place in the centre, and how these arrangements impact on the quality and safety of the service provided for residents living in this centre.

## Capacity and capability

Residents who lived in this centre had a very good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed.

The inspection found that the governance and management arrangements in the centre was clearly defined which identified the lines of accountability, including an appropriately experienced and qualified person in charge and team leader. The management team ensured effective monitoring was in place in the centre. This included a suite of audits as part of the monitoring process, which included monthly, daily, weekly and yearly audits, such as fire, finance, medication, infection control and safety audits.

From conversations with staff, review of documentation and relevant documentation viewed during the inspection, it was clear that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in their local community. Residents in this centre had access and support to attend day programmes, employment and volunteer work as well as a variety of social activities. Throughout the inspection it was very clear that staff and the management team prioritised the well being and quality of life of residents.

Staff numbers and skill mix were adequate to meet the needs of residents, including the requirement to ensure that residents were facilitated to have a meaningful day in this centre. The provider had also increased the staffing during the evening to promote and facilitate additional individual activities or one to one time where requested. The management team provided guidance and support for all staff and supervision and support as required. Staff could access the team leader and person in charge formally and informally.

The person in charge was submitting the necessary notifications for review by the

Chief Inspector as per the regulations. The inspector found that good audit structures were in place to monitor all incidents and notifications in the centre, which ensured that these were reported within the prescribed period.

Overall , the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

### Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of this centre within the specified timeframes, with all required prescribed information.

Judgment: Compliant

### Regulation 15: Staffing

The inspector found on review of rosters that there was sufficient staffing to meet the needs of residents, and consistency of care and continuity of staff was maintained at the time of the inspection. The staffing numbers and skill-mix were appropriate to the number and assessed needs of the residents. The provider had also increased the staffing support on weekday evenings to promote increased access to activities and provide opportunity for individualised activities or outings where required.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were in receipt of all mandatory training, and additional training had been provided in accordance with the specific needs of residents. Staff in this centre had also completed training in human rights and were very proactive in supporting the rights of residents in this centre.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents reflected the information as required by the regulations.
Judgment: Compliant
<b>Regulation 21: Records</b>
The management team had maintained and managed all of the required documentation as specified in the regulations in the centre.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The provider had ensured that appropriate insurance was in place in line with the application to renew the registration of this centre.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of good quality and safe service to residents. The person in charge and team leader were very familiar with the residents support needs and were also very proactive in identifying and recognising where improvements were required. The management team had also completed a suite of audits to further monitor the quality systems in place in the centre. This included finance, medication, health and safety, staff training and records.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose required some minor improvements, which were addressed on the day of the inspection. The inspector found that it contained all of the information required by the regulations, and accurately described the service provided.

Judgment: Compliant

### Regulation 30: Volunteers

While the provider had a policy and procedure in place in regard to the recruitment of volunteers, there was none in place in the centre at the time of this inspection.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of their obligation to notify Chief inspector should the person in charge become absent from the centre, which also included arrangements for a suitable person to provide support during this time.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The registered provider was also aware of the requirement to give notice of the absence of the person in charge and the arrangements that will be in place for the management of the designated centre during the said absence.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible format, and residents knew who to approach if they had a complaint. There were no active complaints at the time of the inspection, but the management team had a record for managing complaints in the centre.

Judgment: Compliant

## Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs.

The centre was being operated in a manner that promoted and respected the rights of residents. As noted earlier, residents were being supported to engage in activities of their choosing and were supported to maintain contact with their family members regularly.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. A number of residents presented with complex needs, their support plans were detailed and under review by the centre's management team and the provider's multidisciplinary team. There was evidence that these plans were treated as live documents and tracked the changing needs and supports required for residents.

The centre was being operated in a manner that promoted and respected the rights of residents. As noted earlier, residents were being supported to engage in activities of their choosing and were supported to maintain contact with their family members regularly.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. A number of residents presented with complex needs, their support plans were detailed and under review by the centre's management team and the provider's multidisciplinary team. There was evidence that these plans were treated as live documents and tracked the changing needs and supports required for residents.

The inspector reviewed a sample of personal plans. There were arrangements in place to support residents to maximise their personal development in accordance with their needs and wishes. The inspector noted that residents had been supported to complete a number of achievements in 2023 and goals had been set for them to work towards in 2024.

The inspector observed that residents had access to appropriate healthcare professionals. There were health action plans and risk assessments focused on promoting the health of residents, and these were under regular review.

Effective fire safety precautions were in place, including, fire detection and containment arrangements and multiple fire exits were also available throughout the centre. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. A personal evacuation plan was in place for each resident, they gave clarity on specific support each resident required to evacuate. A fire procedure was also available at the centre, to ensure staff had additional clarity on how staff respond to fire at the

centre.

The provider had ensured that there were systems in place to respond to safeguarding concerns. The inspector reviewed previous investigations carried out following concerns being raised and found that the provider and person in charge had responded appropriately. The person in charge had also ensured that all staff members had received appropriate training in relation to safeguarding residents and the prevention, detection, and response to abuse.

Overall, this centre ensures that the supports and rights of residents are paramount in this service at the time of this inspection.

### Regulation 12: Personal possessions

Residents were supported to manage their personal possessions in the centre appropriately, with access to and control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Judgment: Compliant

### 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 premises was appropriate to meet the needs of residents. This included sufficient private and communal space throughout the centre internally and externally.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had ensured that there was information available in the centre as

specified by the regulations. This included a residents guide detailing information, such as inspections by HIQA, making a complaint and the service provided.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The provider had ensured that a policy and procedure were in place to guide staff should a resident require a temporary absence, transition or discharge from the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a risk register in place including all risk ratings, and a detailed risk assessment for each risk identified. There was risk management policy in place which was reviewed regularly and this policy contained the information required as set out in the regulations. Staff were aware and knowledgeable of the risk management documentation in the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had addressed actions identified from a previous inspection and showed an understanding of the requirements for appropriate infection management, prevention and control in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had taken steps to protect residents and staff from the risk of fire. There was appropriate fire equipment including fire doors, emergency lighting and fire alarms throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency. Drills were completed by the staff team, and residents had a personal emergency evacuation plan in place to guide

staff on their support needs in the event of a fire.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were appropriate systems in place for the effective support for residents with behaviour support needs in the centre. This included an up to date policy, access to relevant multidisciplinary (MDT) supports such as psychology, behaviour therapist and all staff were trained and knowledgeable of residents support needs in the centre.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of harm in this centre. Staff had completed training and refresher training in safeguarding. All residents had clear guidelines in place for support with intimate care where required. Staff spoke to residents with respect and a professional manner.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were paramount in this centre for example, staffing was increased to provided more staff support for outings or individualised activities, residents were supported to have meaningful jobs and activities in their local communities.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant