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<thead>
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<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
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<td>Provider Nominee:</td>
<td>Laura Keane</td>
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<tr>
<td>Lead inspector:</td>
<td>Helen Donovan</td>
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<tr>
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<td>Bronagh Gibson;</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 23 April 2014 09:30  
To: 23 April 2014 17:00

The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This monitoring inspection was announced and took place in RehabCare: Children’s Respite Service on the 23 April 2014. At the time of inspection, there were no children placed on respite at the centre. Inspectors met with the Service Manager who was the person in charge at the respite centre and the Regional Manager for services. Inspectors reviewed various documentation including care plans, medical records, service and business plans, key performance indicator reports, incident logs, policies and procedures and staff files.

The centre provided respite care for up to five children at a time with different types of disability aged from six to eighteen years of age. Respite care was provided for sixty three children over a six day week. This inspection found that the service demonstrated a commitment to delivering child centred service by an experienced Service Manager as the person in charge and a team of staff. There were effective systems in place to ensure a high quality and safe service to children who accessed respite care the centre.

The care and support provided to children reflected their needs and the wishes of the children and their families. Children’s communication needs were promoted through the use of a range of communication aids and behaviour was well monitored managed. The health needs of the children were regularly reviewed and met. There were effective systems in place to monitor and manage medication safety. There was a good level of contact with the families of the children and they were actively encouraged to be involved in their child’s care. Although, evidence of good practice
was found across all outcomes, areas of non compliances with the Regulations and the National Standards were identified. These included the following:

- Although there were live systems in place to monitor and manage issues related to health and safety, there was no up to date health and safety statement
- The service did not have a corporate risk register
- Although staff had received training in child protection, only five staff members had received training in Children First. (2011)
- The statement of purpose and function required the addition of the arrangements in place regarding contact between a child in care and his/her Child and Family Social Worker.
- Although there were effective systems in place to monitor quality and safety, the service provider did not currently undertake an annual review of the quality and safety of care and support to ensure this was in accordance with the standards and there was no written report on the quality of care and support.
- The service did not have a training needs analysis
- Staff supervision did not occur consistently within the required timeframe.

These non compliances are outlined in detail within the body of this report and included in the action plan at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
This inspection found that the care and support provided to children reflected the assessed needs and wishes of children and their families.

The service had moved to a new system of care planning and this process was now well embedded. The service also monitored the timely development and review of support plans monthly as a key performance indicator. Inspectors reviewed key performance indicator reports and found that at the time of inspection, seventy seven children had an up to date support plan and the remaining two children were in the process of achieving support plans.

The personal plans were undertaken through the use of support plans which supported a child centred approach that reflected the maximum participation of the child. Inspectors reviewed support plans that took account of the child’s preferences, choices, wishes and activities that brought enjoyment to the child. Support plans included information about the child’s needs regarding communication, information about family and friends, the type of routine the child preferred and the supports required by the service to meet those needs and support the child’s routine. The support plans also considered the wishes of parents and responded to these. The support plans reflected a comprehensive multidisciplinary assessment of the health, personal and social care needs of the child prior to admission and as required thereafter. These supported the achievement of outcomes for the child through the health and wellbeing summary, the education summary, medication summary, transport summary and personal safety summary. Inspectors found that support plans were reviewed and the child and his/her parent were involved in the process.

The service manager stated that the service encouraged children to be independent. The support plans also provided guidance to staff to enable them to support the child to
be as independent as possible. This guidance addressed completing the support plan and an emphasis on maximising the independence of the child and community involvement. For example, children were encouraged and supported to attend local parks for leisure rather than to remain in the centre garden in order to promote community involvement.

This inspection found that children were supported in transition between services. The service had a policy and procedure in place for admissions and discharges and there were arrangements in place to respond to a demand for crisis admissions. Inspectors found that children were admitted and discharged in accordance with policy. The service manager and the regional manager told inspectors that the admission process was tailored to respond to the individual child and emphasised the requirement to undertake a collective risk assessment so that the risk posed by an individual was considered in accordance with the needs of other children attending the respite service. For example, staff levels were adjusted to respond to increased needs. Inspectors found that children were offered the opportunity to engage with the service incrementally and at a pace that was in accordance with the wishes of the child. For example, inspectors found that the children undertook visits for different time periods; some children progressed to daytime admission only, while other children availed of overnight respite opportunities. Inspectors reviewed the support plans and found that where children were transitioning across other services such as home or school, the relevant information about the child was provided to the person taking responsibility for the child’s care, support and well being.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
This inspection found that the health and safety of children, visitors and staff was promoted and protected through a focus on managing risk and the integration of risk management practices into practice. However, although issues related to health and safety were routinely monitored and managed, the health and safety statement was not up to date and the service did not have a corporate risk register.

The service had a policy relating to risk management. The regional manager and service manager had effective line of sight externally and internally to monitor and manage risk through the key performance management system and the monitoring and management
of adverse incidents.

The service manager and the regional manager stated that there were systems in place to monitor, manage and trend near misses, adverse incidents and no harm events. Inspectors found that incidents were risk rated using a risk matrix at local level and then assigned a value rating. The value rating ranged from stage one to three. There was a clear process in place to ensure that information related to risk was forwarded to the correct person in a timely manner including an escalation process. For example, all incidents rated at stage one were reviewed and signed off by the service manager and a copy of the incident was sent to the regional manager and health and safety department. Incidents rated between stage two and three were escalated to regional manager, any incident rated above fifteen was escalated immediately through a telephone call. The regional manager and service manager stated that routine incidents were reviewed through management conference calls. However, inspectors were not provided with any minutes related to these conference calls.

The service manager stated that the key risks in relation to the provision of service included fire safety, food safety and addressing behaviour that challenges. The service manager provided an incident log that contained a detailed breakdown of all incidents that occurred over the past twelve months. Inspectors found that the incident record log included the date the incident occurred, the unique identifier number and child’s initials, the nature of the incident, for example a medication incident or behavioural incident, an incident summary and the corrective or preventative action undertaken. Inspectors were also provided with the report of the Analysis of Incidents recorded in the overall children’s sector (including the respite services) for 2013. This provided a comprehensive overview of the incidence and type of activity. The key issues reported were behaviour that challenged and medication errors.

The service had comprehensive health and safety folders. Although the health and safety statement was dated 2013 and not up to date, inspectors found that the service manager and regional manager demonstrated a commitment to ensuring a safe services. There were monthly hazard inspection checklists completed which included lighting, access and egress, general cleanliness and hygiene, food safety and hygiene, electrical and chemical risks, first aid, clinical waste work equipment, the prevention of slips, trips and falls, traffic routes and parking. The monthly hazard Inspection checklist was monitored as a key performance indicator so that the checks were consistently undertaken to evaluate the service status. Inspectors found that as a result of the checklists, there were safety records completed for identified risks including repair of a faulty gate, landscaping the garden and manual handling. The centre had an up to date contract of insurance.

There was a policy in place for the management of infection prevention and control and the practice requirements of this policy were reflected in the statement of purpose and function and the monthly hazard inspection checklist. Inspectors observed that the centre was clean and well presented. The staff cooked meals in the centre and staff had attended food hygiene training. There were no outbreaks at the centre over the past twelve months.

The service had an evacuation plan in the event of an emergency. The objectives of this
plan were to define and prioritise critical activities, to identify risks to the services, to
detail the likelihood and gravity of the risk and the contingency plan and to identify key
contacts during an emergency. Inspectors found that the centre had undertaken
detailed centre specific risk assessments and developed contingency plans.

This inspection found that there were adequate precautions in place against the risk of
fire. The centre had written confirmation from a properly and suitably qualified person
with experience in fire safety design and management that all statutory requirements
relating to fire safety and building control have been complied with. There was an up to
date fire fact file that included a statement of policy, fire prevention, emergency
evacuation procedures, inspection and maintenance and recording procedures.
Inspectors found that practice was undertaken in accordance with this fire fact file.

Inspectors were provided with detailed records of checks and inspections to promote fire
safety including a copy of an up to date fire safety risk assessment and the monthly
hazard inspection checklist which included emergency routes and exits, fire procedures
and fire fighting equipment. Inspectors observed that fire instructions were prominently
displayed throughout the centre and there were child friendly information sheets about
fire safety. Inspectors found that fire drills were undertaken at least four times yearly in
accordance with policy and included both staff and children and young people.
Inspectors also reviewed personal emergency egress plans for each child that supported
safe evacuation. Inspectors observed fire extinguishers and glass break boxes at
strategic points and all extinguishers were up to date.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and
appropriate action is taken in response to allegations, disclosures or suspected abuse.
Residents are assisted and supported to develop the knowledge, self-awareness,
understanding and skills needed for self-care and protection. Residents are provided
with emotional, behavioural and therapeutic support that promotes a positive approach
to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
This inspection found that there were safeguarding and child protection measures in
place to protect children. Although staff had received training in child protection, only
five staff members had received training in Children First. (2011)
The service had policies and procedures related to child protection that were consistent with the requirements of Children First (2011) including a section related to whistle blowing. Staff had received training in the implementation of these policies. The regional manager confirmed that she/he was the designated person for the centre. The service manager stated that parents were informed regarding child safeguarding and protection practice at the centre prior to their child’s admission to the centre. The regional manager and the service manager confirmed that there were no child protection or welfare concerns in the centre over the past twelve months.

At the time of inspection, there was one child in care attending the respite service. The current arrangements in place regarding this child were to communicate formally with the Health Service Executive Social Worker regarding the care of this child. Inspectors discussed the requirement for formal communication to be undertaken with the Child and Family Agency social worker who is the supervising social worker for the child in accordance with Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 22. The service manager undertook to attend to this immediately.

This inspection found that children were provided with supports to promote a positive approach to behaviour that challenges. There were policies in place to support practice and an effective recording, reporting and monitoring system. Inspectors found that each child had a section in his/her support plan that identified behaviours specific to the child. The support plan provided explanations for the behaviours and identified triggers for the behaviours. The support plan also provided direction to staff to support them to respond effectively to the behaviour. Inspectors identified that there was not a common language used to describe different behaviours. The service manager agreed and undertook to review this and implement a common language. Inspectors found that there was an up to date workplace risk assessment form completed and controls put in place to respond to behaviour that challenges. Such risks included hitting, kicking, absconding, verbal abuse and weapons. All staff except one person had undergone training in non violent personal protection techniques. Inspectors found that behaviours that challenged were monitored and managed quarterly through a detailed breakdown of the different behaviours.

The service manager confirmed to inspectors that physical restraint was not used in this centre and that the use of restrictive practice was signed off, monitored and reviewed by the management team. Inspectors found that there was a system in place which required the completion of a formal notification anytime a restrictive procedure including physical, chemical or environmental restraint was used. This record included the unique identifier for the child, the type of restraint, the date and time it occurred and a brief description of the event and the reasons the restrictive practice was used. There was also a form for a planned restrictive practice authorisation. Inspectors were informed that there had been one incident of restrictive practice in response to an emergency situation and that this incident was documented and reviewed in accordance with policy including the securement of consent from the parent. Inspectors verified this information and found that practice was consistent with the requirements of policy.

Judgment:
Non Compliant - Moderate
Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
This inspection found that children were protected by safe medication management policies and practice. The service had a policy for medication administration and management and medication was administered by a staff member who had received specialist training. Documentation related to this training was present in the sample of staff files reviewed. Inspectors reviewed a sample of the current administration and prescription sheets and found that they were of a good quality. In addition inspectors reviewed detailed medication handover forms which supported the effective reconciliation of medications. Inspectors found that this process had identified a potential issue and allowed it to be addressed in a timely manner. There were also processes in place to ensure that regular audits of medication held were undertaken and these were completed in line with the requirements of policy.

Inspectors found that there was a system in place to review and monitor safe medication practice through the key performance indicator monitoring system and the notification system. The regional manager stated that all medication errors were notified as either stage two or three incidents to him/her. The clinical risk specialist might also be notified depending on the incident. Inspectors reviewed a sample medication error and found that the process was comprehensive and included a detailed description of the incident, review by the service manager and the corrective action to be undertaken. There was also a root cause analysis undertaken of the incident. Inspectors reviewed the service incident log and found that medication incidents were recorded appropriately. Reports were compiled quarterly regarding medication incidents and circulated to management.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The service had a written statement of purpose and function which described the service provided by the service that was compliant with all of the regulations except the arrangements in place regarding contact between a child in care and his/her Child and Family Agency Social Worker.

Inspectors reviewed the statement of purpose and function and found that the respite service provided a holistic residential and day respite service for up to five children with disabilities aged between six and eighteen years. The ethos of the centre was to provide a home from home environment for each child that attended respite. Inspectors observed that the centre environment was homely and well maintained. It reflected the presence of the children who attended respite through the pictures of the children on outings and past social events in addition to examples of their artwork which were prominently displayed. The statement of purpose and function included the services and facilities provided at the residential centre, management and staffing and resident’s well being and safety.

The respite service provided a residential respite over a six day week for sixty three children and operated six nights a week. Inspectors found that the statement of purpose was clearly demonstrated in practice through the management of and the provision of care. The organisational structure was consistent with the statement of purpose and service manager and regional manager described the provision of care as stated in the document. The statement of purpose was dated 03 December 2013 and was scheduled for review on the 03 December 2014. The service manager stated that a copy of the statement of purpose was available to children and their parents to read.

Judgment:
Non Compliant - Minor

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
This inspection found that although there were effective systems in place to monitor quality and safety, the service provider did not currently undertake an annual review of the quality and safety of care and support to ensure this was in accordance with the standards and there was no written report on the quality of care and support. Although the regional manager stated that she/he undertook unannounced visits to the centre, there was no copy of a report related to these unannounced visits available.

This inspection found that there were management systems in place to ensure that the service provided was safe, consistent and appropriate to children’s needs through a social model of care. These included policies and procedures, risk monitoring and management, performance management and consultation with service users. The service had undertaken a service evaluation in 2013 that included consultation with children and parents. Inspectors found that the service had used communication methods such as pictures to support children to communicate their views on issues such as respite, activities, food and what they would like changed. However, there was no evidence that this evaluation had impacted on the service delivery. The service had a complaints policy and a copy of this was given to each family on admission to the service. The service endeavoured to address complaints locally but there was also a process in place to escalate the complaint if necessary. The incidence of complaints and compliments was monitored through the key performance indicator reporting process. This report indicated that there were 51 compliments received in the previous twelve months. The service manager confirmed that there was one complaint in the past twelve months which had been reviewed. Following the review of this complaint, the service provided was changed to respond more appropriately to the needs of the child and his/her parent. Another parent told inspectors that she/he was confident to raise any concerns locally with the service manager and he/she found the service manager proactive, intuitive and helpful to assisting in any manner that would improve the child’s experience and support parents.

The respite service was undertaken by RehabCare on behalf of the Health Service Executive. (HSE) There was a service level agreement for 2013 but none for 2014. There was no letter from the HSE advising the centre to continue to provide the respite service in accordance with the 2013 service level agreement. The respite service had an up to date service and business plan. These outlined the strategy for the service across four key objectives: promoting the vision, mission and values of the service, growth and sustainability, becoming the provider of choice and maximising employee’s potential and productivity. These objectives were reflected in the key performance management system and were monitored and managed monthly.

There was a clearly defined management structure that identified the lines of authority and accountability. Inspectors were provided with a detailed organogram which clearly defined the management structure and the lines of authority and accountability for RehabCare as the service provider and those of the respite centre. The RehabCare service provider structure included managers with individual responsibility for health and safety, clinical governance and quality and standards. Inspectors found that the person
in charge at the respite centre was the service manager who was accountable to and reported to the regional manager. The regional manager and the service manager held regular informal and formal communication through telephone calls, meetings and email. There was ongoing monitoring and review of key performance indicators such as person centred planning, service objectives, health and safety and customer satisfaction including compliments and complaints. These were formally discussed between the regional manager and the service manager at supervision. The regional manager stated that she/he undertook unannounced visits to the centre, however, there was no copy of a report related to these unannounced visits available. There were two team leaders who deputised for the service manager in his/her absence. There were on call systems in place at both management and senior management level to ensure external management and oversight out of hours.

Inspectors found that staff were supported to exercise their personal and professional responsibility for the quality and safety of the services they are delivering through the implementation of policies and procedures, the formal supervision process and the monitoring and review systems for key performance indicators and adverse incidents. On a day to day basis, staff completed a formal handover record which recorded the time of shift and the staff on duty, this form also detailed the tasks to be completed on the shift and identified the staff member accountable to achieve these tasks. There was also a weekly planner which recorded which children attended the centre, the staff on duty and the menus and activities for each day.

This inspection found that the service manager was a suitably skilled and qualified person with extensive knowledge and experience working in disability services in Ireland. The service manager was also the person in charge for a nearby adult centre, however, the service manager was confident and competent regarding the governance and operational management of this centre. She/he was also included on the staff roster. The service manager had worked at RehabCare over a number of years and had recently completed a Honours degree in management.

**Judgment:**
Non Compliant - Moderate

**Outcome 17: Workforce**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
This inspection found that the numbers and skill mix of staff was appropriate to the assessed needs of the children at the centre at the time of inspection. However, although all staff had An Garda Síochána vetting, this required to be updated. Not all staff received regular supervision.

The service manager confirmed that he/she used the knowledge of the children scheduled to attend respite to ensure that the skill mix was appropriate to meet the needs of these children. The staff roster indicated that there were sufficient staff to meet the needs of children.

This inspection found that staff had access to appropriate training and refresher training. However, there was no formal training needs analysis undertaken. Inspectors reviewed a comprehensive employee training record for each staff member that provided details of the course completed or required and the date the training was started and completed. The service monitored compliance with mandatory training requirements as a key performance indicator to ensure mandatory training was completed. Inspectors reviewed key performance indicator reports that indicated that this was currently running at ninety percent.

This inspection found that there was a process in place to provide regular formal supervision. However, supervision was not consistently undertaken within the required timeframe. Inspectors reviewed a sample of supervision files and found that there was a supervision template that included health and safety issues, key performance indicators, client issues, service issues, quality and compliance, personal development needs, policies and procedures and quality practice. Inspectors found that supervision was appropriate to the role and responsibility of the staff member. For example issues discussed with staff members included safety, standards and regulations, issues related to provision of care to children including PEG feeding and the use of restrictive practices.

This inspection found that recruitment procedures required improvement regarding the checking of information. Inspectors reviewed a sample of staff files and found that these files did not contain all required information. All files contained up to date evidence of the staff member's identity through the staff identity card form. The service manager confirmed that there was a process in place regarding the staff identity card form. These forms were updated every two years and a new up to date photograph was assigned to the staff identity number. These forms were signed off by the service manager for staff. All staff members were required to carry their identity cards at all times and to produce the card for verification as required. Inspectors found that all files contained evidence of An Garda Síochána vetting and two written references. There were completed induction checklists on file for staff who were appointed more recently. However, all the An Garda Síochána vetting sampled was out of date, for example one staff member's An Garda Síochána vetting had not been updated since 2003. Inspectors found that there were also some gaps in the staff files regarding evidence of qualifications and An Garda Síochána vetting for staff that had worked or lived overseas.

There were no volunteers working at the centre at the time of inspection.
Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Donovan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Although issues related to health and safety were routinely monitored and managed, the health and safety statement was not up to date the service did not have a corporate risk register.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
There is an organisational risk register for the organisation that is completed and reviewed quarterly by the senior management team, this register reflects risks identified

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
throughout the organisation. A local risk register for individual centres is being developed that will identify local risks and the management process for these. The up to date safety statement was printed and put in place on 23rd April 2014. The service has a business continuity plan in place at local level to manage all major emergencies.

**Proposed Timescale:** 01/09/2014

### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Although staff had received training in child protection, only five staff members had received training in Children First. (2011)

**Action Required:**
Under Regulation 08 (8) you are required to:
Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

**Please state the actions you have taken or are planning to take:**
All staff, including relief staff, have been on the waiting list for the Children’s First training with the HSE since Feb 2014. Some dates have been cancelled and we are awaiting same to be rescheduled. Currently there is no further training scheduled for Meath services. Person in charge will review the option of participating in training outside of the catchment area. To date, 8 staff have been trained with a further 4 permanent and 2 relief staff are awaiting the training. All staff have completed the RehabCare training in child protection on 8th April 2014

**Proposed Timescale:** 01/11/2014

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The service had a written statement of purpose and function which described the service provided by the service that was compliant with all of the regulations except the arrangements in place regarding contact between a child in care and his/her Child and Family Agency social worker.

**Action Required:**
Under Regulation 03 (1) you are required to:
Prepare in writing a statement of purpose
containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The Statement of Purpose and Function has been amended to reflect same. Communications are underway with the social worker involved to put appropriate communication agreement in place.

**Proposed Timescale:** 26/05/2014

### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no copy of the report of the unannounced visits to the centre available.

**Action Required:**
Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

**Please state the actions you have taken or are planning to take:**
National roll out of unannounced visits will be commenced from 15th July 2014

**Proposed Timescale:** 15/06/2014

### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
This inspection found that recruitment procedures required improvement regarding the checking of information. Inspectors reviewed a sample of staff files and found that these files did not contain all required information. Although all staff had Garda vetting, this required to be updated.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
Staff are currently in the process of completing staff vetting forms, to update the vetting process previously completed.
Person in Charge to link with HR to get files reviewed and ensure all appropriate documentation as outlined in Schedule 2 is contained within each file.

**Proposed Timescale:** 01/10/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff received regular supervision.

**Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
Staff supervisions including relief have been scheduled 6-8 weekly in line with RehabCare supervision policy requirements.

**Proposed Timescale:** 01/07/2014