

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002667
Centre county:	Offaly
Email address:	chiara.glynn@rehabcare.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 August 2014 11:00 To: 11 August 2014 18:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first monitoring inspection in this centre. The inspector met with the person in charge, team leader, residents and staff, observed practices and reviewed documentation such as personal care plans and records, staff files, policies and procedures.

Although improvements were identified, overall the inspector found that residents received a person centred quality service which was provided by a committed team of staff. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents' education and communications needs were promoted.

The risk management policy did not to meet the requirements of the Regulations but the inspector was satisfied that the safety of residents was promoted and fire procedures were robust. The inspector was also satisfied that measures were in place to protect residents being harmed or suffering abuse.

Improvements to some aspects of medication management were required and although outcome 18 was not inspected against the action relating to medication management is included there. Improvement was also required regarding timely access to specialist services. These are discussed further in the report and included in the action plan at the end.

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:

The inspector was satisfied that the care and support provided to residents consistently and sufficiently reflected their assessed needs and wishes. One issue relating to access to specialist services was identified and this is discussed in more detail under outcome 11.

The inspector reviewed a sample of care files and found that the resident's care needs were identified and plans were put in place with the residents to address those needs. Each resident was assigned a key worker. Daily records were also maintained of the how the residents spent their day. The personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives.

There was evidence that residents were supported in transition between services. A staff member or relative always accompanied residents who had to attend hospital or appointments. Robust admission assessments were undertaken to ensure that residents' needs could be met by the centre.

There was an extensive range of activities available to the residents both in the centre and out in the community including shopping, eating out and swimming. Residents were involved in the local day services and various programmes were undertaken such as horticultural programmes, computer training and cooking. Some residents also undertook work placements in local businesses.

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:

The inspector found that the health and safety of residents and staff was promoted and protected although additional work was required to the risk management policy.

The inspector read the risk management policy and saw that it did not meet the requirements of the Regulations. For example it did not include measures and actions in place to control risks such as self harm and absconsion. Never the less individual risk assessments were completed for each resident which included a risk assessment as appropriate for possible accidental injury, absconsion or self harm and policies were in place to guide the practices.

There was a Health and Safety Statement in place. Robust fire precautions were also in place and there was documented evidence that all staff had received training. The fire alarm system was serviced regularly, as were fire extinguishers and emergency lighting. Daily inspections were carried out of the escape routes and the fire panel along with weekly checks of the fire doors and equipment. Fire drills were held regularly and staff and residents confirmed that they had been involved.

A continuity plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required. There were infection control measures in the centre including alcohol gels in appropriate places and all staff and residents had been offered the opportunity to avail of the flu vaccination. All staff had attended training in the moving and handling.

Judgment:

Non Compliant - Minor

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:

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse. The inspector observed staff interacting with residents in a respectful, warm and caring manner and residents and staff communicated freely between each other.

The inspector was satisfied that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The inspector saw where issues were discussed by the residents and their key workers.

The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. There was a policy in place and there were good systems in place for the management of these behaviours. This included access to a behaviour therapist, psychologist and the psychiatric services. Residents had detailed behaviour support plans in place where necessary. The inspector found that they were based on multi-disciplinary input and were of good quality. Possible triggers and appropriate interventions were documented. Staff members were aware of the content of these plans and were aware of the need to update them as residents' needs changed. The inspector noted that each episode was analysed and plans put in place to prevent reoccurrence.

A restraint free environment was promoted although staff confirmed that occasionally some restrictive practices were necessary. The inspector saw that the restrictive practices in use were at the specific request of a resident and following multidisciplinary assessment and were the subject to on going review.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Although there were examples of good practice the inspector was not satisfied that residents were consistently supported to achieve the best possible health in relation to access to appropriate allied health personnel.

The inspector saw that a resident had been referred to a dietician because of ongoing health issues. However although a group session had been organised the staff spoken with said that an individual session could not be arranged due to lack of access. The inspector read the policy and saw that this did not provide sufficient guidance to staff in nutritional care. This was discussed with the team leader and person in charge. Contact was made with the dietetic services through the general practitioner (GP). The dietician was to contact the service the following week to schedule an appointment.

Otherwise the inspector was satisfied that residents' nutritional needs were met to an acceptable standard. The menu choices were on display. Choices were provided for residents who did not like the main option. Staff volunteered more appropriate choices when healthy eating was encouraged. The inspector saw that mealtimes were flexible and fitted around residents' social and work life. The inspector also saw that residents were supported in preparing and cooking the meals and in the cleaning up afterwards.

The inspector reviewed some care plans and medical notes and found that they had access to a GP, to an out of hours GP service and to a range of allied health professionals. Residents' files contained records of reviews by medical specialists.

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:

Although there was evidence of good medication management practices improvement was required regarding the transcribing and prescribing of medications.

The practice in place was that a staff member typed out the resident's prescription on a

monthly basis and this was brought to the GP for his signature. However there was no signature of who had transcribed it or if a second person had carried out a check. In addition the policy was not specific enough to guide this practice. The inspector spoke to staff who confirmed that an independent check was carried out but not documented.

The inspector also saw that in some cases the GP had only put initials on the prescription. This was not in line with the centre's prescribing policy or national guidelines. Action required in relation to these two issues will be included under outcome 18.

Otherwise the inspector was satisfied that each resident was protected by the centre's procedures for medication management. Individual medication plans were implemented and reviewed and there were appropriate procedures for the handling and disposal of unused and out of date medications.

The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training including practical competency assessments. Staff spoken with were knowledgeable about the medications in use. No resident was self medicating at the time of inspection.

Judgment:

Compliant

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:

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

A working group had been established and a gap analysis completed to benchmark the service against the Regulations and the Standards. The inspector saw where improvements were identified and plans put in place to address these. For example changes had been made to the statement of purpose and function to ensure compliance

with the Regulations. A financial audit had also been carried out to ensure that all transactions were in line with the policy. Health and Safety audits had also been completed.

A resident satisfaction was carried out on an annual basis and appropriate supports were in place to assist residents with this if required. Plans were also underway to establish a family forum to provide opportunities for families to be involved and provide input into the service.

The inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She had responsibility for one other centre in the locality. She was knowledgeable about the requirements of the Regulations and Standards and had a good overview of the health and support needs and personal plans of all the residents.

Judgment:

Compliant

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:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The person in charge and team leader told the inspector that the staffing levels were based on the assessed needs of the residents. Staff spoken with confirmed there was adequate staff on duty. The inspector noted that to ensure continuity of care a relief panel was available from which absences were covered.

The inspector reviewed a sample of staff files and saw that they met the requirements of the Regulations. A checking system had been introduced by the Human Resource

department to ensure that required information was in place.

The person in charge holds supervision meetings with the team leader and a number of the residential care workers on a six weekly basis and the team leader also does this with the remainder of the team. The inspector read evidence of this in the staff files.

The inspector was satisfied that staff had access to up-to-date mandatory training and access to education and training to meet the needs of residents. A training plan was in place and the inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including food safety, the management of behaviours that challenge and mental health issues. Staff spoken with confirmed that there was a range of training available to them.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

This outcome was not inspected against and is included to ensure that the issues identified in relation to medication management, outcome 12, are part of the agreed action plan.

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:

Sheila Doyle
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002667
Date of Inspection:	11 August 2014
Date of response:	12 September 2014

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:

The risk management policy did not meet the requirements of the Regulations.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

Develop location based risk assessments in relation to key areas outlined in regulations, i.e. Accidental injury, Aggression and Violence, Self Harm and the Unexpected absence of a resident.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Update Risk Management framework, local safety statement and local risk register

Proposed Timescale:

Location based risk assessments in key areas and updated Risk management framework to be completed by 31st Oct 2014 and 30th Sept 2014 respectively.

Proposed Timescale: 31/10/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A resident did not have individual access to a dietician.

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:

Contact made with individual's GP on Tuesday August 12th, who in turn contacted HSE dietician and advised centre that the dietician would be in contact within one week to schedule an appointment for the individual

Private dietician contacted by the centre and availability and prices sought as an alternative option for the individual

Appointment scheduled for the individual with HSE dietician on Sept 22nd 2014.

Proposed Timescale: Appointment scheduled for Sept 22nd 2014

Proposed Timescale: 22/09/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The medication policy was not specific enough to guide practice around transcribing. Some prescriptions did not have a GP signature as required by the policy.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

Six monthly Kardex put in place- completed in full by the prescribing GP, with full signature and update local medication processes

Proposed Timescale: 30/09/2014