<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002668</td>
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<td>Centre county:</td>
<td>Longford</td>
</tr>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>RehabCare</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Laura Keane</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary McCann</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
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</tr>
<tr>
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<td>3</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 20 November 2014 12:00  
To: 20 November 2014 19:30

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<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 09: Notification of Incidents</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

This was an announced one day inspection and formed part of the assessment of the application for registration by the provider. It was the second inspection of this centre. The designated centre is part of a national organisation which delivers adult day and residential services as part of a service agreement with the HSE. The centre was established to provide care for a maximum of four adults with mild to moderate intellectual disability. On inspection there were four residents living in the centre and one was on leave at the time of inspection.
As part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs and policies and procedures. The views of residents, relatives and staff of the centre were also sought. Two completed relative and two completed service user questionnaires were received by the Authority. Most questionnaires were complimentary of the service provided and of the staff, however some issues were raised regarding the service that was provided to a loved one by a relative. The relative informed the inspector that she is in the process of addressing these issues with the person in charge.

The inspector received the consent of the service users to enter their home and review documentation with regard to them. The designated centre was clean, tidy, well maintained and decorated in a homely manner. Emergency lighting and the fire alarm was serviced in a timely manner and records, such as medical and allied health care professional records were available for each resident.

Service users maintained as independent as possible lifestyles and were aware they could contact staff at any time for support. Some service users had mobile phones with contact details of the staff saved in their phones for easy swift access. All service users' had a key worker, who promoted and facilitated their independence, assisting and encouraging them to achieve their personal goals and increase their quality of life. There was a system of individualised assessment and care planning to meet resident's individual needs. Service users completed many of their goals and educational activities at day services.

Actions from the previous inspection completed in July 2014 included actions under Outcomes 5, 7, 8 and 13. All actions had input since the last inspection and all were found to have been completed with the exception of one which was partially completed. This related to a referral to a behaviour therapist. The person in charge informed the inspector that the referral had been made and date for January 2015 had been identified.

At the time of this inspection there was evidence of a substantial level of compliance with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Areas of non-compliance related to review of policies and clarity of the contact of care.

The action plans at the end of this report identifies the outcome under which improvements are required.
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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Service users’ rights and dignity were promoted. Service users were consulted about the operation of the centre. Weekly service users’ meetings were held. Minutes of these showed that service users were consulted about their daily routines including menu planning and activities they wished to partake in. Service users’ religious, civil and political rights were respected. If service users wished to go to Mass this could be facilitated by the staff. Service users were supported to have control over their own finances. The residents’ guide included a section on resident finances. All service users had their own bank account and staff provided money management skills training. The inspector spoke with residents with regard to their finances and they confirmed that they could buy what they chose and had access to their money as they wished.

Service users stated they enjoyed the food and chose what they liked to eat. Service users supported by staff completed the food shopping. The inspector observed staff assisting service users prepare the evening meal on the day of inspection. Service users shared the household chores. Service user personal plans contained information about service users likes and dislikes.

The inspector reviewed the systems and documentation in place for the management of complaints. The complaints policy complied with the regulations. A second person was available to ensure that complaints were appropriately responded to and records maintained. If the complaint was unresolved by the person in charge, the complainant could bring their complaint to the complaints officer at head office in Dublin. Failing resolution by the organisation the complainant could refer their complaint to the ombudsman. An advocacy service was available to the service users.
The person in charge was aware of the name on the organisation’s complaints officer and the name of the designated person to report allegations of abuse. When any dissatisfaction with the service was noted, this was discussed at the person in charge meetings with the regional manager.

Judgment:
Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Service users were supported and assisted to communicate in accordance with their assessed needs and preferences. There was good use of assistive technology with service users having mobile phone and one service user having an ipad. Communication needs were identified in their personal plans and service users were able to communicate their views and wishes. Some easy to read documentation was available. Communication passports were available for each resident. These provided a valuable tool if service users had to attend or be admitted to the local acute hospital. Service users had access to television and radio in the centre and the internet at the day service.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
Service users were supported to develop and maintain positive personal relationships with their family members and links with the wider community. They went home one weekend per month. Family contact sheets were maintained. Service users told the inspector about their families and showed the inspector photographs of their families. A copy of the minutes of the annual review meetings were given to the family member/significant other with the consent of the service user.

Service users participated in their community by attending local events, work placements and places of personal interest to them. Additionally they attended training and education in the community as part of their day service programme. Service users spoken with told the inspector they were happy with the activities they attended. They told the inspector they enjoyed their day service activities and went shopping and bowling some evenings. They also said they enjoyed watching television after their evening meal.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Each resident had a contract of care in place outlining the service to be provided and the finances in regard to same. All service users were charged the same weekly living allowance. While the contracts of care were not available in an easy to read version, the residents guide which was available in an easy to read version had been reviewed to include the service to be provided and the fees to be paid for this service. This was used in conjunction with the contract of care to explain the contract. The inspector reviewed copies of the current contracts in relation to the terms and conditions of residing in the centre. The contract detailed the support, care and welfare of the service user and details of the services to be provided for that service user. The contracts detailed the fees to be paid for food and utility bills and a separate fee was payable for rent to the Housing Association as per the tenancy agreement, this was also detailed in the contract.
An admission policy was in place. The person in charge was clear that existing service users needs took precedence over a new admission and that any future admissions would only occur having regard to the needs wishes and safety of the existing service users in the centre and of the service user to be admitted.

Judgment:
Compliant

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Each resident’s personal centred plan (PCP) contained a comprehensive assessment of their health, personal and social care needs. A person-centred approach was promoted that met the health and social care needs of service users. Daily notes were maintained which detailed how the service user spent their day. Service users, relatives and members of the multi disciplinary team were involved in the development of the personal files.

At the time of the last inspection, the personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change. This had been addressed. Three of the service users attended day services provided by an alternative local day service. Post the last inspection an agreement or memorandum of understanding with regard to the shared responsibility of the service user had been agreed.

The Inspector found that there were opportunities for service users to participate in meaningful activities appropriate to their interests and capabilities. Recreational activities were available for service users in day services five days a week and service users partook in activities at the weekends for example shopping, cinema.
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<th><strong>Judgment:</strong></th>
<th>Compliant</th>
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| **Outcome 06: Safe and suitable premises**  
*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.* |
| **Theme:** | Effective Services |

| **Outstanding requirement(s) from previous inspection(s):** |
| No actions were required from the previous inspection. |

| **Findings:**  
The inspector found that the centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the service users whilst promoting safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation and was free from significant hazards that could cause injury. Service users showed the inspector their bedrooms. Each was decorated to the residents’ choice, with their own TV, photos, and other personal items of interest to the service user. |

There was a kitchen with separate dining room and two separate sitting rooms and a relaxation room. The kitchen contained all of the equipment needed to store, prepare and cook food. There was a washing machine for residents to use. There were an adequate number of bathrooms/showers to meet the needs of the service users. |

The second sitting room was available to residents to use as a private space should they require same to see visitors in private. |

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| **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):**  
The action(s) required from the previous inspection were satisfactorily implemented. |
Findings:
At the last inspection, the risk management policy in place did not include procedures on the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving service users, and arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the service user’s quality of life was considered. This has been addressed. The provider had devised a revised risk management policy and a local risk register. A positive risk taking policy was also in place. Additionally at the time of the last inspection not all staff had up to date fire safety training. This has been addressed. Training records confirmed that fire training for all staff was up to date.

One of the risks identified on the last inspection was that there were no thermostats on the showers that could ensure that the water at the point of contact with service users was a maximum of 43 degrees Celsius. The person in charge informed the inspector that there was an overriding thermostatic control that controlled the temperature of the water to a maximum of 43 degrees Celsius in place. One service user had an electric shower, however a risk assessment was in place which stated that there was no safety concerns for this service user and the person in charge stated that the residents was protected.

At the time of the last inspection while fire drills were carried out at regular intervals, completion of fire drills over the night time period had not taken place to ensure that staff could safely evacuate at night time. This had been addressed. The fire extinguishers were serviced on an annual basis and the fire alarm quarterly. Fire safety training had taken place and included evacuation procedures for all staff. Suitable fire safety equipment was provided and there was adequate means of escape. Personal evacuation plans for each service user had been developed and service users’ mobility had been considered with regard to safe evacuation. Service users spoken with by the inspector stated if they heard the fire alarm they would vacate immediately. Suitable emergency lighting was in place. A system was in place for incident reporting and investigation of same. There were appropriate arrangements in place for the prevention and control of infection.

An emergency plan was in place with a place of safety identified should evacuation be deemed necessary. An alternative place of safety was documented should evacuation be deemed necessary.

Vehicles used to transport service users were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained. Records were available to support this. The centre was clean and well maintained. Staff had attended training in infection control and hand hygiene.

Judgment:
Compliant
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Measures to protect service users being harmed or suffering abuse were in place.

Examination of training records demonstrated that staff had received training in protection of vulnerable adults. However, the policy had not been reviewed in the previous three years. (An action with regard to this is contained under Outcome 18). An allegation of abuse has been forwarded to the Authority. This has been investigated, a copy of the report has been forwarded to the Authority and appropriate action has been taken to protect service users.

Service users spoken with informed the inspector that they felt safe and well cared for by staff and could talk to staff. Service users were complimentary of the staff and said they could talk to them any time. Procedural guidelines on the provision of personal care to service users to include respecting service users privacy and dignity was available.

Actions from the previous inspection had been completed. These related to staff training in safeguarding and better recording of episodes of challenging behaviour. The person in charge had developed behaviour support guidelines for this service user while awaiting the assistance of specialist services. A restraint free environment was promoted and no restrictive procedures were in use at the time of this inspection.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services
### Findings:
A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector.

### Judgment:
Compliant

### Outcome 10. General Welfare and Development
**Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.**

**Theme:**
Health and Development

### Findings:
Service users had opportunities to engage in social activities. External activities were available through the day service and service users participated in range of varied interests such as bowling, education courses, art, crafts and swimming. An independent living skills programme was in place which included activities relating to cooking, cleaning and personal care. Service users also attended local activities such as fairs and parades.

### 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

### Findings:
No actions were required from the previous inspection.
Findings:
Staff and service users described good access to the local general practitioner and there was evidence available of this in files reviewed. An out of hour’s service was also available. Allied health services to include dentist, physiotherapy, occupational therapy and chiropody were available to service users as required.

An admissions policy was available, no respite or emergency admissions are facilitated. An epilepsy emergency plan is in place as required which details the procedure to be followed during a seizure and during the recovery process.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
A medication management policy was in place to guide practice and included the arrangements for storing and administration of medicines to service users. The inspector reviewed the prescriptions and medication administration records and found that they were clearly written and complied with best practice. Medications were stored appropriately, and there were no medications that required strict control measures (MDA’s) at the time of the inspection. There was a system in place for the reporting and management of medication errors.

All medications were administered by a social care worker. Each resident’s medication was supplied in a blister pack. These were stored in a locked filing cabinet. Staff confirmed that they had undertaken safe medication management training including practical competency assessments. A medication management policy was in place to guide practice.

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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The statement of purpose (SOP) detailed the aims of the centre and described the facilities and services which were to be provided for service users. The SOP contained all of the information required by Schedule 1 of the Regulations. It was kept under review and last updated in October 2014.

**Judgment:**  
Compliant

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**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):**  
No actions were required from the previous inspection.

**Findings:**  
There was a clearly defined management structure that identified the lines of authority and accountability. The Person in Charge was on leave, however a suitably qualified and experienced deputising person was in post. Staff spoken with told the inspector that the person in charge approachable and supported them in their role. She was knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs and person centred plans for service users. She was employed full-time as the Residential Services Manager to manage two designated centres and the day centre. She had worked for the organisation for many years and held an honours degree in social studies and social care, a FETAC level 5 in supervision theory, was a trainer for non violent crisis intervention and was trained in multi element
behaviour support. She is supported in her role by a team of social care staff. She reported directly to a Regional Manager who reported to the Director – Health and Social Care who is based at head office and is the nominated provider on behalf of the organisation. There was good communication process between the day and residential services. In the absence of the person in charge, an on-call arrangement is in place.

The person in charge informed the inspector that an unannounced visit had been carried out on behalf of the provider on the 2 October 2014 and a report was available of this visit. This report was forwarded to the inspector post inspection. It looked at the safety and quality of care and support provided in the centre.

**Judgment:**
Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The person in charge is on long term leave. The Authority has been notified of this. The regional manager stated he would inform the Authority as soon as he was aware when the person in charge was returning to her post. There were suitable deputising arrangements in place.

**Judgment:**
Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The inspector found that there was an appropriate number of staff in the designated centre. A planned and actual rota was available detailing staff on duty. Where staff were on annual leave or absent regular locum staff replaced them. The person in charge attended the centre on an ad hoc basis to see staff and service users and regular meeting were held with staff. Staff were complimentary of the person in charge and service users confirmed that they knew the person in charge and seen her regularly. Staff confirmed that the person in charge was freely available by phone out of hours and if she was away a deputising person was in place.

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. Staff files were reviewed at the time of the last inspection (July 2014) and all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place. No new staff had been appointed to this centre since the last inspection.
There was education and training available to staff to enable them to provide care that reflects contemporary evidence based practice. Records evidenced a range of training was ongoing. Mandatory training was in date for all staff. Training completed by staff during 2014 included, Safe Moving and handling, Adult safeguarding, Fire safety training, non violent crisis intervention training which incorporated training in challenging behaviour, Safe administration of medication and introduction to person centred planning.

**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):**

No actions were required from the previous inspection.

**Findings:**
The inspector found that there were systems in place to maintain complete and accurate records. Records as outlined in Schedule 3 and 4 of the Regulations were in place. Records were paper based and were securely maintained and easily accessible. Written operational policies were in place to inform practice and provide guidance to staff, some of these required review as they had not been reviewed in the past three years. A directory of service users was maintained in the centre and this contained all of the items required by the Regulations. A record of service users' assessment of needs and a copy of their personal plan was available. Staffing records were maintained as required as outlined under Outcome 17 - Workforce.

**Judgment:**
Non Compliant - Minor
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:

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

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<td>Date of Inspection:</td>
<td>20 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>24 February 2015</td>
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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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Written operational policies were in place to inform practice and provide guidance to staff, some of these required review as they had not been reviewed in the past three years.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Action Required:
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
Safe Administration of medication policy has been reviewed since inspection. Behaviours that challenge policy remains under review with Senior management for approval.

Proposed Timescale: 31/03/2015