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-0002636 |
| Centre county: | Dublin 18 |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | RehabCare |
| Provider Nominee: | Laura Keane |
| Lead inspector: | Helen Lindsey |
| Support inspector(s): | Liam Strahan |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 5 |
| 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, 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 2 day(s).

The inspection took place over the following dates and times

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

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Summary of findings from this inspection

This was the first inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspectors visited the house, met with the residents, some relatives and staff members. The inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

This centre is designated as a centre for male and female adults with a diagnosed syndrome, that resulted in specific needs in relation to nutritional intake. The residents were all supported around their diet, but all had personal plans in place in relation to the other support needs they had.
The house was a 6 bedroom detached house, one of the bedrooms was en suite. There was a lounge with comfortable seating and an area overlooking the garden. There was also a dining room, kitchen, room used as a gym and a medication room. There was an office downstairs and upstairs that held all of the resident’s records and those relating to the running of the centre. There was a downstairs toilet, and two upstairs bathrooms. In the garden there was a building that was being used as a relaxation room. There was an enclosed garden, and driveway access to the front and back of the house.

Residents who spoke with the inspectors felt they were making decisions about how they spent their time every day, and felt supported by the staff team. Residents especially spoke of how important the contact with their family and friends was, and that they had regular arrangements in place for visiting, or receiving visitors. Residents also confirmed they were involved in a range of activities that interested them, and were developing new skills to support them to be as independent as possible.

Overall inspectors found that the residents individual needs were assessed, and they were supported by a staff team who understood their needs and supported them to manage them. Although residents reported they did not always get on, there was a sense of respect for each person from those spoken with. Residents healthcare needs were assessed and met by a range of professionals, and medication practice was in line with national standards.

Policies and procedures that were in place guided staff practice and were well known by the team. Staff had access to training, and supervision by their line manager. The governance and management arrangements in the centre allowed for areas of concern to be brought to the attention of the regional managers and the provider nominee.

Areas of non compliance related to clarity of the outcome of complaints, the contract of care needed to include the fees charged, clearer guidance in some areas of the support and care plans, the risk policy needed to include extra information, and some risk assessments needed to be reviewed. Behaviour support plans needed to be reviewed to ensure they covered all areas of the residents needs, and records on restrictive practice needed to be reviewed to ensure they set out all restrictions. Additional polices needed to be available in the centre to meet the regulations and the premises needed improvement in some areas.
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):
This was the centre's first inspection by the Authority.

Findings:
Residents confirmed they were consulted with and participated in decisions about their care and the organisation of the centre. The complaints policy was accessible, but some improvement was needed in letting people know the outcome of the issues they raised.

Inspectors spoke with residents who talked about the different ways they made their own decisions about what they chose to do with their time. They spoke about how they discussed with key workers what they were interested in, and how different options were explored. Residents each had their own programme of activities and their own social engagements.

The residents didn’t enjoy gathering as a group to have a house meeting very often, but did agree through their key workers where changes in the house were planned or information needed to be shared, for example explaining about HIQA inspections.

There was information in the centre about external advocacy services, and the organisation had their own advocate that residents could contact if they wished to.

There was a complaints policy available in the centre, which was also displayed on the wall. It set out clear instructions of who to contact if they wanted to make a complaint.

Residents said they knew who to speak to if they were unhappy about something, and were able to say how they would contact them. The policy included an independent person that complaints could be referred to if they remained unresolved.

Relatives who completed the questionnaires said they knew who to complain to if they
had any concerns.

Where formal complaints had been received, inspectors saw evidence that the policy had been followed. However there was no evidence recorded of whether the person was satisfied with the outcome. During the inspection people spoken with who had made complaint were unsure if they had been completed, what the outcome was and if any changes had been made.

Staff members were seen to treat residents with dignity and respect on the day of the inspection. The residents spoken with were positive about the staff and felt they were well supported. Residents were seen to have their own personal space in the centre, and any support provided was done so discreetly.

Each resident had personalised their own rooms and had their own belongings, including furniture if they chose particular items. There was a policy in place that covered resident’s personal possessions, and records were in place of their belongings.

There was a place for resident’s letters to be placed when they arrived, and residents would open letters themselves, but may ask staff for support with reading if needed. Residents also had access to mobile phones, tablets and computers if they wanted to communicate using different media.

The person in charge stated residents were able to vote, and were registered in their home towns. She explained support could be offered for them to attend their polling station or visit their family who would support them.

**Judgment:**
Substantially 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Residents were assisted and supported to communicate, appropriate to their identified needs.

Staff were aware of the communication needs of the residents, and were seen to be speaking and communicating well with residents throughout the inspection. Communication needs were clearly identified in residents care plans.
There was a policy in place that set out the importance of communication, and assessing residents needs.

Records showed that some residents needed information to be presented to them in a certain way to ensure they fully understood it, and could make informed decisions.

Some residents had glasses and records showed residents had eye tests at regular intervals.

Residents had access to telephones, TV, radio, DVDs and there were local shops where residents could buy newspapers and magazines. Some also had access to internet and mobile phones. One resident was arranging to get wifi as they wanted to be able to use their computer in their bedroom.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Residents were supported to develop and maintain personal relationships and links with the wider community, where needed.

Some residents were able to maintain contact with their friends and families independently. Others needed the support of staff to make calls, and be aware of arrangements made to meet with family.

Relatives spoken with and those who completed the questionnaire were positive about the close relationships they had been able to maintain with their relative.

Each resident had a record of the contact details for their relative. Records showed that families had been involved to some extent in the care planning process, with the consent of their relatives.

There was space in the centre for meeting friends and family privately. The relaxation room in the garden was being worked on to make it more homely and the inspectors were informed of the different parties the centre hosted. Residents explained they
invited family and friends. Some residents enjoyed this very much and wanted there to be more parties. They had recently enjoyed a valentine party, and had a summer BBQ every year.

The visitors policy made it clear residents could have visitors at times that suited them.

Residents spoke to the inspectors about the activities they were involved in, both within the organisation and in the wider community. Each person had their own plan that focused on areas of interest to them. Some attended local day services, others attended classes and courses in the local area such as martial arts and swimming.

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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a clear admissions policy in place, and residents had a contract of the service to be provided, however it needed to be expanded to include the fee charged for the service.

There was a policy and process in place for admissions, transfer, temporary absence and discharge of residents. It gave guidance on the process around pre-admission assessment. The policy also set out that the needs of the existing resident must always be taken in to consideration as part of any new person moving in to the service.

There had no admissions to the service for some time.

Each resident has a contract in place that included the service that was provided by the organisation, and also the rights and responsibilities of the residents. It needed to have the actual fee charged for the service to fully meet the requirement of the regulations.

**Judgment:**
Substantially 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):**

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

**Findings:**

Care and support provided to residents reflected their assessed needs and respected their wishes. Some improvements were needed to the support and care planning documentation to ensure clear guidance was provided for staff.

The personal care plans showed that residents had been involved in the assessments to identify their needs and to help them make choices about how they would spend their time. Each resident had a document called ‘my support plan’. It set out their support and care needs in relation to nutrition, mobility, physical health, medication, personal care routines, maximising independence, independent living skills and community activities.

There were examples of very detailed plans giving very clear instructions to the staff about what prompting, supervision and support was needed in all areas. However, examples were seen where the information was not clearly presented, and where there was differing information, especially in the care plan and the risk assessment.

Those spoken with confirmed they felt the service supported them well. All residents felt their independence was respected and that support was there for them if they needed.

Where residents required involvement of other professionals, records showed that this had been supported. For example mental health services, health care specialists and occupational therapy.

Staff reported that plans were reviewed four monthly, and a full review was carried out annually. The information in the documents was seen to be current, however the documents were not signed or dated so it required asking staff to confirm they were up to date.

Residents were involved developing their goals for the year, and the reviews of their progress. Residents chose who joined in the annual planning meetings. Goals were being set, and progress was noted, but could have been recorded more clearly.
The residents all had a diagnosis of a condition that resulted in them needing to plan very carefully their day, to support them to maintain good health. To support this process, staff supported the residents to plan their day ahead of time, so they were clear when they would be doing things, when they would have snacks and meals, and what money they needed for their chosen activities.

Through the inspection it was seen by inspectors that resident’s plans were being followed as agreed, and additional support was available when needed. This supported residents to live active lives and be part of their local community.

Judgment:
Substantially Compliant

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):
This was the centre’s first inspection by the Authority.

Findings:
The location, design and layout of the centre were suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely manner. However there were some areas of improvement and updating that were required.

The premise was arranged over two floors. On the ground floor there was an office, kitchen, dining room, living room, gym room, a toilet, an en suite bed-room and a medication room. On the first floor there was an office, two bathrooms and five bedrooms. Additionally there was a separate relaxation room built in the garden. Each room was seen to be of a sufficient size to meet the needs of residents, was well lit and ventilated. There was central heating.

However inspectors observed that each of the bathrooms required up-dating; inspectors observed audits that demonstrated that the provider has also observed this, and were progressing plans to make the improvements.

Otherwise communal spaces were seen by inspectors to be well maintained, clean and had new carpets laid. The furniture was comfortable and added to a homely design. Bedrooms were seen to be decorated in a manner that personalised them to the preferences of residents, with several residents expressing their choice of colour/design to inspectors. Residents had also had the opportunity to furnish their bedrooms, and to
decorate the communal spaces with pictures, trophies and other personal items.

Outside the premise was secure and gated. Residents informed inspectors that they could exit/access independently and held their own keys. There was a garden space, which while well maintained, did require some upgrading works to ensure emergency exit routes and pathway to the relaxation room were adequate. The relaxation room provided a multifunction space that could be used individually or communally in a variety of ways, such as; time alone, private visits, watching TV or laundry.

Inspectors observed that there was ramp access at the rear of the house with suitable parking space for increased accessibility, should this be needed.

Residents also had access to a gym room, where a variety of gym equipment was available to them and was used routinely by residents. Inspectors observed plans demonstrating that this range of equipment promoted residents’ health and wellbeing. Residents also expressed their like for exercise.

Inspectors observed that residents had access to laundry facilities within the designated centre. One resident informed inspectors that they can chose to use an external laundry facility if they wish to, and some residents routinely do this.

There was also a designated smoking area for residents who chose to smoke.

The provider had engaged a maintenance company to routinely visit the centre and conduct any needed works. They have also engaged a building audit. Inspectors observed this audit and the schedule of works, (both conducted and planned), for the centre.

**Judgment:**
Substantially Compliant

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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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors were satisfied that the health and safety of residents, visitors and staff was promoted, however some improvements were required in the Risk Management Policy and risk assessments to meet the requirements of the regulations.

Inspectors observed that the centre had policies and procedures related to health and
safety, infection control, evacuation and risk assessment. There was a plan in place should the premises need to be evacuated and alternative accommodation be accessed.

There was a policy detailing the response required should there be an unexplained absence of a resident, as required by regulation 26. However the risk management policy required expansion to include the measures and actions in place to control the following risks; these were the risk of accidental injury to a resident, visitor or staff member; aggression and violence; self-harm.

Additionally there were some areas of risk that required risk assessments to be conducted and recorded. One example of this was the need for risk assessments around smoking.

Inspectors observed that there was a risk register and this was kept under review. This risk register listed actions and assigned responsibility. It also informed practice, for example the risk associated with garden pathways informed the building audit and the schedule of works being sought for the garden area.

All accidents and incidents were seen to be recorded in detail in a manner that facilitated review and learning from incidents/accidents. The Person in Charge showed inspectors the review and analysis of these.

Inspectors observed the vehicle records which recorded that the vehicle was checked to ensure it was roadworthy and suitable for the needs of residents.

Inspectors observed that there was suitable fire equipment, emergency lighting and emergency exits throughout the centre. There was also evacuation notices displayed throughout the centre, and exits were signposted.

The exits were free from obstructions and records showed inspectors that exit routes were routinely inspected. Records also demonstrated that the fire equipment and lighting was routinely serviced, maintained and kept in good working order.

Records seen by inspectors also confirmed that fire drills were routinely conducted. These drills involved both staff and residents. The records demonstrated that these were scenario based and were analysed for learning outcomes. Residents shared their experience of these drills and informed inspectors as to the appropriate response to a fire, and the location of the fire assembly point. Inspectors also observed that there was a personal evacuation plan for each resident.

Staff spoken with were knowledgeable about response to fires and invited inspectors to sign the visitors log each day, on both entry and exit.

**Judgment:**
Substantially 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):
This was the centre’s first inspection by the Authority.

Findings:
The provider had put systems in place to safeguard and protect residents. Systems to support residents behaviour and any restrictions were in place, but needed to be updated to reflect residents current needs.

Residents who spoke with inspectors said they felt safe in the centre, and would know what to do if they did not. Most families also provided feedback that they thought their relative was safe and well supported.

Inspectors observed that staff interacted with residents in a positive, caring, and respectful way. They respected the wishes of the residents, and worked to support them in understanding the choices they were making. Residents appeared to have a good relationship with the staff on duty.

Inspectors reviewed the policy on protecting residents from abuse, and confirmed it contained information on the different types of abuse, and details on how to manage allegations. There was a dedicated liaison officer named for the designated centre. Residents and staff confirmed they knew who this was.

All staff spoken with were knowledgeable about what constitutes abuse, and they knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. Most staff had completed the training on abuse awareness. Further training was planned in the near future for the couple of staff who needed to be updated.

At the time of the inspection there had been no allegations of abuse, but the person in charge and staff were clear what action they needed to take.

Examples of behaviour support plans were seen, they had been developed, with the support of a behaviour therapist. They provided clear detail on the behaviour residents may engage in, how they communicate, what may cause them to become upset or anxious, and then advice on how to try and avoid those circumstances, how to manage them when they occur, and how to support the resident to return to being calm.
Where they were in place they provided very clear guidance to staff to support residents to avoid becoming upset. However they were not in place for all residents who had behaviours that challenge identified, though historic versions were available.

Staff were knowledgeable about the plans, and explained how they were put in to practice. The number of incidents recorded that related to behaviour in the centre were low, which showed they supported residents quality of life.

There were clear plans in place for personal and intimate care to be provided in a way that promoted independence and provided appropriate support. They also detailed the resident’s preferred way of carrying out activities including bathing. As stated in outcome 5, these needed to be reviewed to ensure consistency.

There were arrangements in place to identify, assess, implement and review restrictive practice. This included a meeting of a multidisciplinary team to sign off any agreed practice, and records were seen that confirmed this.

Alternatives to restrictive practice were considered as part of the process of identifying the most appropriate way to support the residents. However, inspectors observed that this would benefit being updated in line with residents increased skills in certain areas, and also agreements made with other professionals, for example a dietician.

There was a policy in place that included directions to ensure that the least restrictive interventions were used for the shortest period of time. It also clearly set out the decision making process that needed to be followed for any restriction to be put in place.

Personal finances were well managed. Storage was secure, and there was a two person signing arrangement when residents needed to access their money, the resident and staff member. Residents spoken to were clear on the process to access their money, and were satisfied they got the support they needed to manage their budget.

**Judgment:**
Substantially Compliant

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**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

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

**Findings:**
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. They were clear of what incidents needed to be notified and the timescales in which they must be completed.

A number of notifications had been received, and followed the agreed HIQA format.

**Judgment:**
Compliant

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**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

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

**Findings:**
Inspectors were satisfied that residents had opportunities for new experiences, social participation, education, training, development and employment. These opportunities appeared to be supported and facilitated by staff.

Inspectors observed in the living room there was a notice board which displayed a variety of opportunities for residents. Residents said they made their own choices with regard to their activities and courses. Their choices were further reflected in action plans. Where support was needed to fulfil choices the action plans indicated to inspectors that this support was agreed, planned and put in place for residents.

Inspectors also observed that the achievements of residents were valued and promoted through the presence of trophies in the living room and affirmation from staff. One resident shared with inspectors her experience of attending the Special Olympics.

Residents also had opportunities to engage in social activities both internal and external to the centre. Residents informed inspectors of their love for having visitors and their plans for a BBQ. Residents also informed inspectors of the various social activities that they engage in. These activities include, day services, jobs, coffee shops, shopping, swimming and other sporting events.

**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:
The inspectors found that there were arrangements in place to provide health care for each resident, and they had access to medical and allied healthcare professionals as needed.

Each resident had a diagnosis of a condition that required a planned approach to their healthcare, diet, and daily routine. Staff had received information about this condition, and some attended conferences for updates in practice on an annual basis.

Some residents managed their own healthcare needs, and contacted their doctors personally. Where staff were supporting residents with their healthcare needs there was evidence seen in the records that they had good access to general practitioners (GP's). All health needs that had been identified were followed up, and there was a record that logged all the medical interventions and appointments residents had. This gave a clear history of their healthcare.

Families supported other residents to meet their healthcare needs, and arranged all appointments.

There was evidence that residents accessed other health professionals such as chiropody, dentist, ophthalmology and hearing services. Letters and medical reports were available as part of the residents records.

It was noted that for some healthcare needs the care plans needed to provide more information to the staff, to ensure the needs were being met. The action for this is made under outcome 5. For example use of therapeutic aids, or checking for re-occurrence of known conditions.

Residents who spoke with inspectors said they had access to health services when they needed them, and they felt their healthcare needs were being met.

All residents were supported with their nutritional intake. It was reported that each person had their own plan around meal and snack times, which included where they would prepare their own meals. Residents also explained to inspectors that they had occasional planned meals out, and treats on special occasions.

Menus were developed for each resident by a dietician who included their likes and dislikes. Staff were seen to be clear on the dietician guidance and support residents to
adhere to it.

**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):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspectors found there were policies and procedures around the safe administration of medication.

There was a policy in place for the administration of medication which covered key areas such as safe administration, storage, audit and disposal of medication. This included arrangement for controlled medication.

The processes in place for the handling of medication were well known by staff spoken with during the inspection. They were able to describe the process competently including administration and disposal. Records showed that all staff had received training in safe medication administration, which included being assessed in safe administration by an approved assessor.

Some residents were administering their own medication, and a risk assessment had been completed and signed. They were reviewed monthly, and any changes needed were made to the arrangement as necessary. The other residents were developing skills around management of their medication and in some cases did get medication themselves, with the supervision of staff.

Inspectors reviewed the prescription record and medication administration records for residents and found that the documentation was complete. It was noted that ‘as required’ medication (PRN), was recorded on their prescription card, with clear instructions for use. The person in charge was advised to ensure the maximum dose in 24hrs for all medications was clearly indicated.

The inspectors observed that the medication storage was in a separate room, with a locked cupboard that was used solely for the purpose of medication storage. Each resident then had a safe style storage unit within the cupboard.

Some residents go home on a regular basis, and there were arrangements in place for
sending the correct medication with the resident.

There was a system in place for reviewing medication errors, and the person in charge specifically looked at them to assess if any of the processes needed to change, or whether staff needed retraining.

Inspectors saw records of internal audits for the medication system, with actions clearly identified where needed. Staff also reported that the pharmacist completed a regular audit of the medication practice.

**Judgment:**
Compliant

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**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:**
Inspectors were satisfied that there was a written Statement of Purpose that accurately reflected the service that the centre provided. These services, and the manner that they were provided, accurately reflected and catered for the needs of the residents.

Inspectors found that the Statement of Purpose set out the objectives, aim and ethos of the centre. It reflected the care needs that the centre is designed to cater for, and also stated the facilities and services provided meet those needs. It contained all the information required by the regulations such as; a description of the premise, staffing arrangements, the organisational structure of the centre, the arrangements for review of care plans, the arrangements for respecting the privacy and dignity of residents, and the visiting arrangements. The Statement of Purpose viewed by inspectors was kept up to date. The provider nominee was aware of the need to keep this document up to date.

The Statement of Purpose was available to residents in a more accessible version of the same information by means of a Resident’s Guide, should they wish to see this instead.

**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:**
Inspectors observed that there were effective management systems in place to ensure that the service provided was safe, appropriate to the residents needs, consistent and effectively monitored.

Inspectors were satisfied that the person in charge at the time of the inspection had the appropriate skills and experience for the role. They were knowledgeable about the requirements of the regulations and standards, and had a good knowledge about the support needs of the residents. They attended training and were up to date on research relating to the health needs of the residents. They worked full time in the centre, and were seen to have a positive relationship with residents and staff.

The provider had established a clearly defined management structure that identified the lines of accountability. The structure included supports for the person in charge to assist them to deliver a good quality service. These supports included an area manager, human resources department, clinical risk manager, and psychologist.

The centre was resourced to ensure the effective delivery of care and support in accordance with the centre's Statement of Purpose. There was education and training available to staff to enable them to provide care that reflects evidence based practice.

Inspectors observed there was adequate staff with the proper skills and experience to meet the assessed needs of residents at the time of the inspection. Staffing level and skill mix took in to account the purpose and size of the service and the individual needs of the residents.

The person in charge and area manager met regularly, with weekly meetings to focus on the quality of the service being provided and reviews of audits. Residents and staff spoken with confirmed they knew the area manager and she visited the centre regularly.

Records showed there were a senior staff meeting monthly, to cover issues of quality in the centre. There were also monthly staff meetings.

There was also records of monthly summary of key performance indicators to assess if...
the service was meeting the needs of the residents, and their business plan.

Audits were carried out of the quality of health and social care in the centre. They covered topics such as staff training, resident satisfaction, incidents, complaints and restrictive practice.

Within the organisation the provider nominee has arranged for managers from other houses attended to carry out reviews against the regulations and standards, and a copy of a recent review was seen. This information was used to develop the annual report.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The provider had appropriate contingency plans in place to manage any such absence, with team leaders available to cover for the person in charge.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.
Findings:
Inspectors found that sufficient resources were provided to meet the needs of residents.

On the day of the inspection there was sufficient staff to meet the needs of each resident. They were involved in a range of activities, including supporting residents to travel to day services, going on outings to the shops and attending classes in local colleges.

Records of maintenance being carried out in a timely manner were seen. The premises was seen to meet the needs of the residents and had the facilities they needed.

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:
Inspectors were satisfied that there was an appropriate number, skill mix and trained staff in place to meet the needs of the residents, in a safe, meaningful and respectful manner. Staff records indicated to inspectors that all staff were recruited, selected and supervised in an appropriate basis.

Inspectors observed that there was an actual and planned staff roster. These indicated that there was appropriate staff on duty to meet the needs of residents in a timely, dignified and respectful manner. The person in charge also explained to inspectors that the roster can be varied to cater for individual needs of residents should any resident have a particular need or wish on a given day. Inspectors observed this in practice during the inspection.

Staff records showed that there was appropriate training available to staff. This included areas such as fire response, abuse awareness and prevention, manual handling and moving of persons, first aid, nutrition, administration of medication and conferences on the particular needs of residents within the centre. One member of staff was responsible for conducting an audit of training needs. This was reviewed by inspectors who
observed that there were some training gaps highlighted by the audit where updated training was needed. Where these gaps had been found the management had begun to schedule appropriate courses to close gaps.

Staff informed inspectors that they engage in supervision on a regular basis. Inspectors also saw records of this in personnel files. The content of the meetings was appropriate to the service provided.

Staff also engage in regular staff meetings on a fortnightly basis. The minutes of these meetings were observed by inspectors and included the needs of residents, centre procedures, policy reviews, regulation reviews and care planning.

Inspectors also reviewed staff files. These were found to meet the requirements of the regulations, as set out in Schedule 2.

There were no volunteers working at the centre at the time of inspection.

**Judgment:**
Compliant

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### 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:**
Inspectors were satisfied that all records required by schedules 3 (records of each resident) and 4 (records regarding the centre) of the regulations were maintained in the centre, but some improvements were required to meet the requirements of schedule 5 (policies and procedures).

During the inspection inspectors reviewed the records and found that those maintained within the centre were kept secure and easily retrievable. Residents were also able to access their records, and inspectors saw this occur during the inspection insofar as care plans were taken from the centre to a day service to facilitate the needs of one resident.
The centre required four policies to satisfy the needs of schedule 5 of the regulations. The policies that were not available for inspection on the day were; residents’ private property, communication with residents, monitoring of nutritional intake, and access to education, training and development. The policies that were there were seen to be kept up to date and informed practice.

Inspectors reviewed resident property lists and while these met the requirements of the regulations, it was discussed with the person in charge that they would be more complete if they included resident owned furniture.

Inspectors also reviewed the insurance policy and found that residents, staff and visitors were protected against accidental injury by adequate insurance.

**Judgment:**
Substantially Compliant

**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 Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records did not provide information about whether a complainant had been informed promptly of the outcome of their complaint.

Action Required:
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
PIC will ensure more accurate recording with regard to informing the complainant of the outcome of their complaint and recording if the complainant agrees with the outcome.

Proposed Timescale: 12/03/2015

Outcome 04: Admissions and Contract for the Provision of Services
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fees to be charged for the service were not included in the contract of care.

Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
The service Agreement has been amended to include the amount of rent paid by Residents.

Proposed Timescale: 31/03/2015

Outcome 05: Social Care Needs
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some support and care plans did not provide sufficient information to guide staff practice. Some were not signed or dated to confirm they were current.

Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
All support plans and careplans will be reviewed and signed. Key-worker Review meeting scheduled for April 21st to review support plans, guidelines and risk assessments for one service user.
Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The bathrooms required maintenance to ensure they were clean and suitable decorated.

Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:
The required maintenance on bathrooms will be completed.

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The facility of garden paths needed to be maintained to ensure they were provided in good working order, specifically where they were used as fire exits.

Action Required:
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:
Garden paths will be upgraded and maintained.

Proposed Timescale: 30/06/2015

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 policy did not include the measures and actions in place to control the following specified risks of unexpected absence, accidental injury to residents visitors or staff,
aggression and violence, and self harm.

**Action Required:**
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

**Please state the actions you have taken or are planning to take:**
The Risk Management Policy and Procedures Framework includes the
- Missing Service Users policy / procedure which covers unexpected absence.
- Accidental injury to a resident, visitor or staff is included in the Health and Safety Policy / Procedures
New aggression and violence policy and procedure to be developed in line with Reg 26(1) (c) (iii)
Self harm procedures are included in the Managing Behaviours that Challenge Policy. To be developed separately in line with regulation 26(1)(c)(iv)

**Proposed Timescale:** 30/09/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all risks in the centre had measures and actions in place to control them.

**Action Required:**
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
All risks in the centre are being reviewed to ensure there are appropriate measures and actions in place to control them.

**Proposed Timescale:** 30/04/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Behaviour support plans were not in place for all residents where they had known responsive or challenging behaviour.

**Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her
representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**
Referral in place for one resident for behaviour support – appointment with Behaviour therapist on 14th April 2015 for commencement of a positive behaviour support plan for one resident and review behaviour management guidelines for another. Key-worker for another resident will update the behaviour management guidelines with support from the behaviour therapist.

| **Proposed Timescale:** 30/04/2015 |
| **Theme:** Safe Services |

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Practice needed to be reviewed to ensure where restrictions were in place, they were documented, and were the least restrictive procedure.

**Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**
Restrictive Practices in place in the service will be reviewed and documentation will be updated at RP Committee Review scheduled on 28th April.

| **Proposed Timescale:** 06/05/2015 |

**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 following policies were not available for inspection in the centre:

- residents private property  
- communication with residents  
- monitoring of nutritional intake  
- access to education, training and development.

**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:**
The policy in relation to Resident’s private property is included in the finance policy. The policy for communication with residents is included in the Provision of Information to Residents Policy. The policy for Monitoring of Nutritional Intake is currently being covered in the personal care policy but on review of this report will be separated. The area of Access to Education, Training and Development is currently included in the person centred planning policy.

**Proposed Timescale:** 31/05/2015