### Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005045</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 18</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>RehabCare</td>
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<tr>
<td>Provider Nominee:</td>
<td>Laura Keane</td>
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<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
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<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill;</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</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 monitor compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 19 June 2015 13:00
To: 19 June 2015 16:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
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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 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspectors visited the house and met with the residents and some staff members. The inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

The centre provided a residential service to three adults. Their aim was to deliver a person centred, health and social care service that facilitate people who are disadvantaged to participate in the life of their local community in ways that match their choices, aspirations and needs.

Residents and staff team moved to the house in March. It was a bungalow that had been adapted for the needs of the residents, and provided a large lounge, multisensory room, kitchen diner, and four bedrooms one used by staff who slept over. There were two bathrooms, and one bedroom was en suite. There was also a large garden and patio area, and residents were growing fruit and vegetables. The building was fully wheelchair accessible, with level access to the front door and out to the garden. The residents were observed to be using the centre in the way that suited them, and could freely move between rooms and along corridors due to the width, and the grab rails. The person in charge reported that it had been a really positive experience for the residents to move to premises that met their needs so
well, especially after the limitations of their previous home.

Residents who spoke with the inspectors said they liked the house they lived in and enjoyed the variety of activities they were involved in including meaningful daytime activity, and social arrangements. A resident who had previously not felt comfortable in the company of inspectors came over and directly interacted with the visitors in his home.

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 as described in their plans.

Policies and procedures that were in place guided staff practice and were well known by the team. Practice around safeguarding, restrictive practice and medication was all in line with national policies. Restrictions had reduced for the residents since the previous inspection.

Staff had access to training, and supervision by their line manager. The governance and management arrangements in the centre provided assurance that the quality of the service being provided was regularly monitored, and improvements were made when required.

All documentation was well organised, and all information asked for by the inspectors was provided by a team who knew the residents and the centre well. No areas on non compliance were identified during this inspection.
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 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):
No actions were required from the previous inspection.

Findings:
Inspectors found that residents care and support reflected their assessed needs, and were clearly set out in personal plans that had been developed with the residents, key workers and family where appropriate.

Residents’ plans were seen to be focused on the individual, and set out their assessed needs and how the support they needed was to be provided. Residents confirmed, where possible, that they had been involved in reviewing their plans. Each resident had goals identified, and were working towards achieving them, for example trips to favourite places and work experience/ training with animals.

Records showed that a range of professionals had been involved in assessing the resident’s needs and identifying ways to support them. For example the physiotherapist had arranged an assessment to provide comfortable seating, and an appropriate shower chair for a resident.

Residents were observed to be interacting positively with staff, and enjoying their time. During the inspection one resident was going out with a member of staff swimming, and two returned from a day service they attended, and then took up activities in the house that they enjoyed, such as sorting plastic objects and using the multisensory room.

It was noted in the records, and commented on by staff how settled the residents were in their new home, and how being so settled was supporting them to be involved in a wider range of activities.

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

**Theme:**  
Effective Services

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

**Findings:**  
Inspectors found that arrangements were in place to promote the health and safety of the resident’s, staff and visitors.

Inspectors identified a number of policies and procedures relating to health and safety. There was a safety statement in place, dated February 2015, and the emergency plan covered clear details of where residents would go if property was not habitable.

There was risk policy in place that fully met the requirements of the regulations, and was seen to be followed in practice. It covered the identification and management of risks, arrangements for identification, recording, investigation and learning from events. Risk assessments were seen to be in place for individuals, the centre and also at an organisational level.

Incidents and accidents were recorded in detail, and copies of the reports were reviewed by a health and safety committee external to the designated centre and these were recorded in a risk register for the region. Audits were being carried out, which identified improvements which included a monthly hazard check list. Any actions required were seen to have been put in place, or were in progress. Each action was clearly allocated to someone to progress which was seen to ensure progress.

There were records of fire drills that confirmed they took place regularly, and included night drills. Inspectors read where problems had been encountered during one drill, and the action that had taken to improve the situation.

There was a range of fire equipment available including fire extinguishers and fire blankets. Records read confirmed that fire fighting equipment was serviced regularly at frequent intervals, including the alarm and emergency lighting. Fire orders were displayed prominently throughout the centre, and all fire exits were seen to be unobstructed during inspection.

All staff had undertaken fire training and were knowledgeable of the procedures to follow. Each resident had a personal evacuation plan that set out what support they would need, if any, when an evacuation was needed.

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

Findings:
The provider had put systems in place to safeguard and protect residents.

The residents, were able, said that they felt safe in the centre, and would know what to do if they did not. Staff spoken with were also familiar with the process to follow if the suspected abuse, or it was reported to them. All staff had completed the training on abuse awareness either as a specific session or as part of their induction to the service.

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. Staff spoken with were clear on what the policy set out.

Where behaviour support plans were needed, they had been developed, with the support of professionals. They were signed and agreed with the resident where possible, and family members. Staff were knowledgeable about the plans, and seen to put them in to practice.

Staff reported that since moving to the new centre number of incidents had reduced, which showed they supported residents quality of life. Guidelines for staff were in place where needed and included information on de-escalation and strategies for redirection.

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.

Personal finances were well managed. Storage was secure, and there was a two person signing arrangement when residents needed to access their money. Finances was also a documented part of the handover between shifts. Residents spoken to were clear on the process to access their money.

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. Alternatives to restrictive practice were considered as part of the process of identifying the most appropriate way to support the residents. All restriction being used
had been approved, and were fully documented. Since moving to the new centre, a number of restrictions had been reduced or removed as they were no longer required to support the residents.

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

**Findings:**
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.

All residents had access to general practitioner (GP) services. There was also an out of hours GP service available. There was evidence that residents accessed other health professionals such as, specialist consultants, psychologist, and occupational therapy. Letters of referrals, and reports were available as part of residents records. Residents spoken with confirmed they had access to health services when they needed them, and felt their needs were being met.

Where specific healthcare needs were identified for residents there were clear plans in place to guide staff practice.
All residents appointments were clearly records including dentist, psychology, and dieticians.

Where residents had specific dietary needed, assessments were in place from the dietician and speech and language therapist, and the recommendations were seen to be in place for the residents. These had been agreed with the resident where possible, and family.

Staff were all clear on the food preferences and choices for residents and how to support them to make choices at mealtimes and manage their food and nutritional needs.

Inspectors observed that residents had access to meals, refreshments and snacks as described in their individual plans. The kitchen was designed with sink and cooker hob that could move down to an appropriate level for wheelchair users, and this was reported to be supporting some residents with developing skills around preparation and cooking of meals and snacks.

**Judgment:**
**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:**
Inspectors found that policies and processes were in place for the safe management of medications.

There was a medication management policy in place which would guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medication were well known by staff, who were able to describe the process competently including administration. All care staff responsible for administering medication had completed medication management training.

Risk assessments for residents in relation to their capacity to manage their own medication had been completed, and no one was doing so at the time of the inspection.

Inspectors reviewed the prescription records and medication administration records for some residents and found that documentation was fully complete. It provided clear information about who the medication was for, the dose and times, and any special instructions.

Inspectors observed that medications were stored appropriately, and there were no medications that required strict control measures (MDA’s) at the time of the inspection. All medication was labelled clearly.

There was a system in place for the reporting and management of medication errors. Staff spoken to knew what process they had to follow if they made an error. Records were seen where this had been put in to practice effectively. Medication audits were in place, and all medication errors were investigated by the clinical risk specialist for the organisation.

Residents spoken with were satisfied they were supported with their medication by staff.

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

**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.

There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

Inspectors found that the person in charge of the centre was suitably qualified and experienced to undertake their role. They were knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities.

She had put in place a number of changes following the inspections in the previous centre and the current one to ensure the service was meeting the needs of the residents and the regulations. She was also very organised for the move to the new premises, and it was evidence from the inspection that this had resulted in a smooth transition from the previous property to this one. She had also overseen the work of the care staff in putting together the plans for each of the residents.

There was a senior staff meeting monthly, to cover issues of quality in the centre. There were also monthly staff meetings and residents meetings. Recent minutes covered topics such as the plans for the residents, and training needs.

The area manager was in regular contact with the person in charge, and was reported to visit the centre regularly.

A range of audits were undertaken in the centre including health and safety, a monthly hazard check list. Copies of these were seen by inspectors. The organisation arranged for spot audits on medication and unannounced inspections from managers for other designated centres, and the person in charge felt these may occur in the near future.

An annual review of the centre was in place, and work was ongoing to ensure the information was accessible to the residents.
Judgment:
Compliant

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

Theme:
Responsive Workforce

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

Findings:
Inspectors observed there were sufficient staff with the proper skills and experience to meet the assessed needs of residents at the time of the inspection.

Staff were seen to interact with residents in a positive way, and were enjoying amusing conversations during the inspection, which residents seemed to enjoy. Staff were also seen to know the residents very well, and how to redirect them when needed.

A training plan was in place covering topics appropriate to meeting the needs of the residents. This included health and safety, manual handling, fire safety, safe administration of medication, and positive behaviour support. Staff had either completed the training, or where scheduled to do so.

New staff were being recruited to the centre, and the person in charge explained the process of induction and shadowing of existing staff to learn about how to support the residents. Staff spoken with confirmed this had worked really well for them.

Staff supervision arrangements were in place. There were staff meetings, and annual appraisals. The person in charge was also based in the centre and able to meet with staff as required.

Recruitment files were not reviewed on this inspection, but had been reviewed on other inspections for the same provider, and found to meet the requirements of the regulations.

Judgment:
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:

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Regulation Directorate
Health Information and Quality Authority