**Centre name:** A designated centre for people with disabilities operated by RehabCare  
**Centre ID:** OSV-0005231  
**Centre county:** Kerry  
**Type of centre:** Health Act 2004 Section 39 Assistance  
**Registered provider:** RehabCare  
**Provider Nominee:** Laura Keane  
**Lead inspector:** Breeda Desmond  
**Support inspector(s):** None  
**Type of inspection** Announced  
**Number of residents on the date of inspection:** 0  
**Number of vacancies on the date of inspection:** 4
**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.
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: 24 June 2015 09:30  
To: 24 June 2015 19:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10. General Welfare and Development</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 15: Absence of the person in charge</td>
</tr>
<tr>
<td>Outcome 16: Use of Resources</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This was an announced registration inspection following application to the Health Information and Quality Authority (the Authority) by Rehab Care to register the centre as a new service for adults with an intellectual disability. The centre was not operational at the time of inspection as it is awaiting registration with the Authority.

As part of the inspection the inspector met with the house team leader, staff member, Regional Manager and the Person in Charge (Service Manager). The inspector reviewed governance, operational documentation and transition plans for residents to inform this registration application.
The regional manager and person in charge displayed good knowledge of the standards and regulatory requirements and along with staff they were found to be committed to providing quality person-centred evidence-based care for the residents.

There were no questionnaires submitted as this was a new service and designated centre.

In general, the physical environment was comfortable, homely, and bright, however, at the time of inspection there were several issues identified which required remedy before residents could take up residence there and the person in charge had already identified these issues. The bungalow will be described in detail in Outcome 6 Suitable and Safe Premises.

Improvements included:

1) the national medication management policy
2) aspects of the premises.

The action plan at the end of this report sets out the actions necessary to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities 2013.
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):
This was the centre’s first inspection by the Authority.

Findings:
Staff demonstrated the transition plans they had developed for residents in consultation with residents. Different levels of support and communication needs were necessary to assist each resident in understanding what the transition programme was about and what it would mean for them individually. The transition plans shown to the inspector demonstrated that residents were consulted and involved in their development; they showed that each resident was treated as an individual with different levels of support provided in accordance with their requirements, preferences and communication needs.

Upon transfer to the centre residents will be assigned a key worker to act on their behalf. Residents and their next-of-kin had access to independent advocacy services should the need arise. The ‘Charter of Human Rights’ was displayed in an accessible format in the centre.

The house leader reported that residents would be consulted with formally approximately every six to eight weeks to facilitate participation in the organisation of the centre. Daily choices would include activities and menu choices.

The complaints procedure was displayed in both pictorial and narrative form in an accessible format.

Two of the incoming residents had day services which they attended each week; other services were being organised for the other two residents before they relocate to this centre. Residents’ transition plans demonstrated that they were encouraged to participate in external activities, for example going to cafes, restaurants and shopping,
swimming, visiting friends and relatives. Residents will have access to transport which will be available at all times.

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

**Findings:**
Residents were assisted and supported in their individual communication needs to develop their transition plans. Picture-enhanced communication was available and care staff demonstrated the visual aids used to enable residents make decisions regarding their new home. Visual aids were displayed throughout the centre to support communication to relay information regarding daily activities, menu choice and staff on duty. Some staff had completed training in communication.

The residents’ guide was displayed in the main hallway and it was in an accessible format for residents.

Residents had access to multi-disciplinary professionals such as speech and language therapy, occupational therapy, eye care, audiology, psychology and psychiatry to assist them in their communication needs.

**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:**
The transition plan for one resident demonstrated that they were supported to make contact with a relation they had long lost contact with; a gathering was arranged with
the resident and their relatives; photographs of the event formed part of the resident’s ‘social story’. Other photographs showed the friendship between residents. It was envisaged that relationships and community involvement would be further developed when residents relocated to the centre and staff would have more autonomy to develop their role to enhance the quality of life for residents.

**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:**
A sample copy of the written agreements with residents which deal with the support, care and welfare of the resident in the designated centre to include details of the services provided for that resident, fees to be charged and additional fees as described in the Regulations, was evidenced.

There was a policy for admissions and discharges to the centre was in place. The criteria used for admission to the centre was outlined in the written statement of purpose, as was the process.

**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):
This was the centre’s first inspection by the Authority.
Findings:
It was proposed that each resident will be actively engaged in developing and implementing their personal support plans (PSP). In relation to social care needs, goals and action plans will be identified for each individual regarding:

- health and well being
- maximising independence
- resources centre services and education
- personal expression, communication and creativity
- meaningful social roles
- choice, control and planning the future
- individualised transitions and progression
- inclusion in the local community
- rights, privacy and dignity
- the individual's environment.

The inspector reviewed a sample of transition plans for residents. These commenced with individual client profiles which included a description of the resident as well as a photograph. The ‘essential lifestyle plan’ (ELP) document was the information gathering piece which informed the development of the transition plan. Goals were identified with action plans, timelines, support and staff responsible. The ‘distinctive identity portrait’ contained quite detailed person-centred information which informed the PSP's and goals for the transition programme for individuals. A ‘social story book’ formed part of the transition plan which contained photographs, pictures and easy read narrative informing staff of the choices they had made regarding their new home, for example, the type of room, colour to be painted and furnishings. There was ‘My Circle of Support’ document describing interests, activities and behaviours for each resident; photographs of family members and their relationships were evidenced. Residents will have assessments completed which described the level of assistance required for their activities of daily living.

Transition documentation identified the key worker assigned responsibility to enable residents achieve their goal with agreed timescales to review objectives and re-evaluate. Support plans were signed and dated by staff and residents.

It was reported to the inspector that residents would have timely access to multi-disciplinary professionals such as speech and language therapy, occupational therapy, dentist, audiology, general practitioner (GPs), psychology, social worker and psychiatry. The inspector did not have access to these residents’ notes at the time of inspection as residents were residing in another designated centre. The regional manager outlined that there would be an overall assessment completed on each resident on admission; if risk was identified under any area assessed then the appropriate member of the multi-disciplinary team (MDT) would complete the risk assessment and the appropriate intervention would be put in place, for example, if a resident was assessed to have swallowing difficulties then the speech and language therapist would review the resident.

Judgment:
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:
This designated centre was located in a rural setting at the end of a cul-de-sac with other houses nearby. It was approximately one kilometre from the nearby village and three kilometres from the urban area.

There was ample parking and outdoor space for residents. The bungalow comprised five single-occupancy bedrooms, four allocated for residents and one for staff. The centre was bright, warm and homely. The communal environment comprised a lounge with comfortable seating and French door access to the front garden; there was a large open plan area off the kitchen with comfortable seating; this lead to a large conservatory with a dining area and seating area. There was access to the back garden from the conservatory. The kitchen was fully equipped and the utility room had laundry facilities as well as a separate toilet and wash hand basin. There was a large wheelchair accessible shower wet room with toilet and wash hand basin; in addition there was a shower, bath, toilet and wash hand basin bathroom, however, this shower was a domestic-type shower with step access and full protective surround, making it quite inaccessible for dependant residents. One bedroom had a shower en suite, however, this had two steps and was part of an extended wardrobe space and would be inaccessible for dependant residents.

All the rooms were inspected, however, none of the bedrooms were ready for occupancy. The following issues identified by the inspector were already identified by the staff and formed part of the maintenance log viewed by the inspector:

1) a ramp to the rear of the bungalow was necessary
2) the gravel surface around the house was unsuitable
3) lamp shades were missing from light fittings
4) bedroom décor required upgrading
5) lack of personal storage space in bedrooms and wardrobe doors missing
6) all beds require upgrading
7) assistive appliances to support and promote full capabilities were necessary
8) lockable storage space in the utility for cleaning chemicals.
These were discussed at feedback meeting where it was outlined that these would need to be remedied prior to people taking up residency in the centre.

**Judgment:**
Non Compliant - Moderate

---

**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:**
As part of the application to register this centre the provider had submitted a valid certificate of compliance for insurance.

There was a safety statement and a health and safety policy which contained all the items as listed in the Regulations.

Fire evacuation advisory signage in an accessible format was displayed; floor plans were displayed prominently. There were adequate means of escape and emergency escape signs were at each exit. A fire safety log was examined which detailed daily, weekly, monthly and quarterly fire safety checks. The inspector discussed fire safety records and the person in charge outlined that the responsible person in charge on night duty would complete fire safety checks including routine testing of the fire alarm and emergency lighting. Certificates were in place for annual servicing of fire safety equipment and emergency lighting, and bi-annual testing of emergency lighting.

Care staff reported that a ‘Personal Emergency Evacuation Plan’ (PEEP) would be completed for each resident upon transfer which would outline the degree of assistance required for their safe evacuation.

There were hand-hygiene gel/foam dispensers and hand hygiene advisory signage displayed. Care staff reported that disposable gloves and aprons would be securely maintained in the new full-length cupboard proposed for the utility room; it was envisaged that this would also house the cleaning solutions and equipment.

There was an accident and incident book demonstrated and the person in charge described the robust process established within the organisation for monitoring, evaluating, feeding back and learning from such reports.

Staff records demonstrated that staff had up-to-date training for manual handling and lifting and fire safety. Staff reported that fire drills would be carried out at least four times a year depending on the results of the personal emergency evacuation assessments for residents following their transfer to the centre; night time drills would
also be undertaken.

**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):

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

**Findings:**

Behavioural management plans were evidenced for residents as part of their transition plan; these assessments evaluated that residents did not require behavioural support plans. Staff relayed that residents’ documentation would be reviewed routinely on an annual basis and more frequently if their needs changed.

There was a suite of policies relating to welfare and protection which included their Regulatory obligation of reporting allegations of abuse to the Authority. Staff had completed training in protection as part of their induction programme and those staff interviewed demonstrated their knowledge relating to adult protection, interventions and reporting necessary.

**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

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

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

**Findings:**

The regional manager, person in charge and team leader outlined the robust procedure
to be followed regarding any incident that occurred in the designated centre. They demonstrated their knowledge regarding notifications as described in the Regulations, to the Authority. The centre was not registered as an operational centre with the Authority at the time of this inspection, therefore, no recorded incidents had occurred.

**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

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

**Findings:**
A robust assessment process was demonstrated to establish residents’ recreational goals as part of their transition programme. Two residents had established day services they regularly attended. The other two residents did not have day services in place but the person in charge reported that this would in place before residents’ were transferred to their new home. The person in charge outlined the communication and engagement between the service provider and other organisations throughout the region as well as local amenities accessible to 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were no residents living in the centre at the time of inspection, consequently, personal plans, medical history, vaccination record, annual health check record, referrals, interventions and blood tests were not evidenced. It was reported to the inspector that residents’ would have access to a GP of their choice as well as on-call services. Residents would have access to the MDT, as described earlier in the report.
## 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:**
There was a national policy and procedure for medication management, however, this was titled the ‘administration management’ policy rather than the medication management policy as described in the Regulations. There was a local centre-specific policy for medication management evidenced directing staff to the procedure for medication management in the centre. A staff signature sheet as described in An Bord Altranais medication management guidelines 2007 and Cnáimhseachais na hÉireann was in place. Staff had completed their medication management training.

Medication would be stored securely in a locked cupboard in a secure room. All staff working in the centre will have completed their medication management training.

**Judgment:**
Compliant

### Outcome 13: Statement of Purpose
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
A written statement of purpose was available which contained all the items listed in Schedule 1 of the Regulations and it was available in an accessible format.

**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:**
There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge was a full-time with the necessary qualifications and experience to ensure effective safe care and welfare of residents. She demonstrated good knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. She demonstrated a positive approach towards meeting the regulatory requirements and a commitment to improving quality of life and care. She was committed to her own continuing professional development for example, she had completed a diploma in psychology, degree in arts, certificate in education for children with special needs and she attended day courses, and conferences relevant to the service.

The person in charge was responsible for three other designated centres, one day service and one supported living facility, all within a 20 mile radius. New staff were appointed to management posts to further enhance the governance structure and support the person in charge however, some had not yet taken up their positions at the time of inspection. The team leader was newly appointed to the position and would be responsible for the day-to-day running of the centre. She had the appropriate qualifications and experience to ensure a safe service.

It was reported to the inspector that an established programme within the organisation whereby annual inspections were completed auditing against the National Standards as described in the Regulations. A four-monthly service review was also demonstrated; reports with control measures, future planning, actions, responsibilities assigned and timelines were evidenced.

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

**Findings:**
Inspector was informed that there were suitable arrangements in the absence of the person in charge whereby the person in charge from another designated centre would deputise. The regional manager, person in charge and team leader were aware of the Regulatory obligations regarding notification to the Authority should the occasion arise.

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

**Findings:**
Facilities and services to be provided were accurately described in the statement of purpose. The regional manager described in detail the planning undertaken to enable the smooth and effective transition of residents from a service they have been part of for several years to this new service; there was documented evidence of multi-disciplinary meetings to facilitate the process.

The inspector was informed that suitable assistive equipment would be in place following assessments of each resident by the appropriate allied professional. As previously identified in this report, there was just one shower accessible to dependant residents. Grab rails were in place on corridors and toilets. Current service records were in place for equipment.

**Judgment:**
Compliant
### Outcome 17: Workforce

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

**Theme:**
Responsive Workforce

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

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

**Findings:**

The person in charge outlined the robust systems in place to support staff: staff appraisals were completed every three months as part of the nine-month probation period, staff then progressed to the six-weekly meetings for goal-setting and personal development needs. Appropriate staffing levels were described to the inspector including night duty and holiday cover.

A sample of staff files were examined and items required in Schedule 2 were available in those files examined.

Staff training files were reviewed and mandatory training including protection, manual handling and lifting, medication management, fire safety, positive behavioural support was being undertaken by new staff; existing staff had completed this training.

**Judgment:**
Compliant

### Outcome 18: Records and documentation

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

**Theme:**
Use of Information

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

This was the centre’s first inspection by the Authority.
Findings:
The directory of residents log was available and contained the requirements as listed in the Regulations.

As this was part of an application to register a new designated centre and there were no residents, many of the documents required in Schedule 3 (Residents’ records) and 4 (General Records) could not be in place.

The national medication management policy required review, as described under Outcome 12 Medication Management.

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:
Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005231</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>24 June 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 July 2015</td>
</tr>
</tbody>
</table>

**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 06: Safe and suitable premises**

**Theme:** Effective Services

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

1) a ramp to the rear of the bungalow was necessary
2) the gravel surface around the house was unsuitable
3) lamp shades were missing from light fittings
4) bedroom décor required upgrading
5) lack of personal storage space in bedrooms and wardrobe doors missing

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
6) all beds require upgrading
7) assistive appliances to support and promote full capabilities were necessary
8) lockable storage space in the utility for cleaning chemicals
9) none of the bedrooms were fit for occupancy at the time of inspection
10) two of the three showers were inaccessible for dependant residents
11) one of the toilets was inaccessible for dependant residents.

**Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
1) Ramp has been constructed at rear of house
2) Gravel surface replaced by concrete surface
3) Lampshades have been replaced throughout
4) Old furniture removed from bedrooms
5) Wardrobe doors replaced
6) Old beds removed and residents will be supported to choose own furniture prior to moving in
7) Occupational Therapist scheduled to conduct assessment and check access to toilet.
8) Lockable storage unit had been constructed in utility room
9) A shower to give access will be provided in the bathroom

**Proposed Timescale:** 20/10/2015

---

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was a national policy and procedure for medication management, however, this was titled the ‘administration management’ policy rather than the medication management policy as described in the Regulations.

**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:**
Policy and title to be reviewed.

**Proposed Timescale:** 20/10/2015