<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-0002647</td>
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<tr>
<td>Centre county:</td>
<td>Kerry</td>
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<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>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
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<tr>
<td>Support inspector(s):</td>
<td>Liam Strahan</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 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
From: 10 August 2015 10:00  10 August 2015 17:30
11 August 2015 09:30  11 August 2015 17:00

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>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was the first inspection of the centre by the Health Information and Quality Authority. It was an announced inspection and its purpose was to inform a registration decision. The centre was a two storey detached house set in a quiet estate, near to shops and restaurants. It was a five bedrooomed house with one bedroom utilised by the sleepover staff. Each bedroom had en-suite facilities with a shower. There was a main bathroom for communal use and a guest bathroom was located at the top of the stairs. There was a large kitchen with adjoining utility room. The centre had a dining area, lounge area and sun room. There were three residents living in the house at the time of inspection. The house was nicely furnished, bright and well maintained.
There was a large garden at the back of the house complete with garden furniture. There was a smoking area outdoors as the person in charge stated that the building was a designated no smoking area.

As part of the inspection, inspectors met with the provider, the regional manager, the person in charge, the social care leader and care workers. Inspectors reviewed the policies and procedures in the centre and examined documentation which covered issues such as staff training, complaints and advocacy, personal plans and health and safety risk management. The action plan at the end of the report identified areas where improvements were required to meet the requirements 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 2013. Some improvements were required in the area of health and safety risk assessments, staffing, notifications, medication management and policy updates.
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:
Minutes of residents’ meetings were reviewed by inspectors. These indicated that residents were consulted with and participated in the organisation of the centre. The outcome of these meetings was seen to inform practice. Residents confirmed their participation and expressed that they felt safe in the centre.

During the two days of inspection staff were seen to promote residents’ independence and self-determination. Privacy and dignity of residents were respected and each resident had keys to their bedroom.

Adequate measures were taken to protect residents’ personal property. Residents were supported to manage their own finances and their own laundry. Residents also had front door keys to the centre and they explained to inspectors that they travelled on public transport independently.

A complaints policy was in place and procedures were displayed prominently in the centre. The policy was also communicated to residents through information in the Resident’s Guide. In addition, an easy read version was available to residents. A complaints officer had been appointed and there was an appeals system in place. Advocacy services had been made available to residents. However, in line with requirements of Regulation 34 there was no person identified as responsible for reviewing complaints. In addition, there was no record maintained of whether or not the complainant was satisfied.

Residents' rights were promoted. The person in charge informed inspectors that residents were supported to exercise civil, political and religious rights, in accordance
with their preferences.

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:
Staff were aware of the different communication needs of residents. Appropriate methods of communication were observed by inspectors to be used to meet these needs. These methods included picture-symbols, communication books and sign language. This system was demonstrated to inspectors by residents. Documents in the centre had pictorial content where relevant, to ensure they were accessible to residents. Systems were also implemented to facilitate communication needs with the wider community. For example, a texting facility with the local medical services had been commenced, following consultation and request cards for frequently purchased items had been developed with local shops.

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:
Positive relationships between residents and their families and friends were supported. In accordance with residents’ wishes, representatives were involved in discussions about residents’ well being. Residents had the option of having their representatives involved
in care planning meetings. Documentation to support this was seen by inspectors.

There was adequate space to facilitate private visits and photographs displayed indicated that residents enjoying celebratory occasions with their visitors. Visits were unrestricted.

Links with the wider community were maintained and the person in charge informed inspectors that residents were involved in community activities. These included, festivals, social groups, charity events, day centres, cinema trips, sport events, shopping and restaurant visits.

**Judgment:**
Compliant

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**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:**
Admission practices at the centre were in line with the centre’s statement of purpose. Residents were given a written contract of care, setting out the services to be provided and the fee to be charged for that service.

There was a policy on admissions and a policy on transfer and discharge of residents. However, the admissions policy did not address the issue of peer abuse.

**Judgment:**
Substantially Compliant

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**Outcome 05: Social Care Needs**

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*
**Theme:**
Effective Services

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

**Findings:**
The person in charge informed inspectors that the health, personal and social care and support needs of each resident were assessed prior to admission. Records reviewed indicated that these assessments were multidisciplinary.

Personal plans were kept under review annually and more frequently, where required. Residents' participation in planning their goals was recorded within their personal plans. Documentation was seen by inspectors which indicated that residents' representatives were involved in reviews. Where residents were transferred between places of residence transition plans were implemented to support this. Personal plans reviewed by inspectors included the names of those responsible for supporting residents to achieve their goals, within agreed timescales. Residents discussed their goal achievements with inspectors and showed inspectors their personal plans.

Personal plans indicated that residents were actively engaged in education and activities that were meaningful and appropriate to their interests and preferences. These included day services, as well as gaining employment experience, use of public transport, attendance of social groups, self-management of medication, life skills, participation in sports and holiday travel. Staff and residents also outlined the arrangements for activities and relaxation within the house, such as a weekly relaxation time, art and crafts, baking, computer games and listening to music. Residents spoke with inspectors in relation to how they had been supported to personalise their bedrooms and other rooms in the house.

**Judgment:**
Compliant

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**Outcome 06: Safe and suitable premises**

_The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order._

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The centre was located in a quiet estate. It was a homely, accessible, two storey detached house. The size and layout of rooms was suitable for the needs of residents. There was adequate private and communal accommodation in the house. There was a room available for private visits. Residents had taken the opportunity to personalise the premises with photographs, paintings and choice of colour schemes, as discussed under Outcome 5. The layout and design of the house allowed for suitable storage facilities, including space for residents' personal possessions. There was a garden area at the front and rear of the premises, which was well maintained. The back garden was furnished with a drying shed, a garden shed and suitable outdoor smoking facilities.

The premises was suitably ventilated, well lit and adequately heated. Records seen by inspectors indicated that the heating system was serviced regularly. The kitchen, bedrooms and communal spaces were suitably equipped and furnished and residents had the opportunity to do their own laundry in the centre. Suitable arrangements were in place for disposal of waste. The premises was clean and records showed that it was well maintained: for example, maintenance staff were seen to respond promptly when requested, during the inspection.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
Inspectors found that there were appropriate risk management procedures in the centre. For example, the health and safety statement was up to date, audit of incidents and accidents was undertaken, an emergency plan was in place and risk assessments were updated in the risk register. The risk management policy was found to fulfil the requirements of Regulation 26. The person in charge informed inspectors that she had organised texting links with the local medical service. She stated that this ensured that non verbal residents could independently access medical services, similar to those residents who could communicate verbally.

Staff were knowledgeable of infection control procedures and food hygiene training had been provided to staff. Documentation was viewed by inspectors which supported this. There was a colour coded system in place for food preparation, for cleaning and for laundry segregation.
Adequate fire equipment was available within the centre, including emergency lighting, fire extinguishers, fire blankets and evacuation procedures. There was a range of fire alarms in place which included audio alarms, visual alarms and vibrating pillow alarms, which supported the assessed needs of residents. Fire drills had taken place. According to documentation reviewed by inspectors actions, which were highlighted as a result of each fire drill, were attended to. The procedure to be followed in the event of a fire was appropriately displayed. Staff had attended fire training and were knowledgeable about fire evacuation procedures, when spoken with by inspectors. However, a personal emergency evacuation plan was not available for all residents. The person in charge stated that these would be developed following the inspection. In addition, there were a number of risks which had not been assessed. For example, if a resident became ill at the weekend when staff were not present or if a fire occurred in the centre in the absence of staff at weekends and occasional overnights. Furthermore, there were particular vulnerabilities around medication which had not been risk assessed. These were further addressed under Outcome 17: Workforce.

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 person in charge informed inspectors that she was actively involved in the management of the centre. She said she was confident of the safety of residents from speaking with them and their representatives. Management staff supervised the interactions between residents and between staff and residents. Residents said they felt safe in the centre and this was attributed to the fact that they were familiar with the staff. Inspectors observed that staff and residents were very comfortable in each other’s company. Staff had been afforded training in positive behaviour support and in behaviours which challenge.

There was a policy in the centre on the management of allegations of abuse. A copy of the latest health services executive (HSE) policy on 'Safeguarding Vulnerable Persons at
Risk of Abuse' 2014 was available in the centre. Training records indicated that the staff had received training on the prevention and detection of abuse. Staff spoken with by inspectors were knowledgeable of what constituted abuse and were aware of the reporting responsibility, in the event of witnessing any abusive interactions. There was a policy on the prevention and use of restrictive interventions which outlined measures to promote a restraint free environment. Residents in the centre were independently mobile and did not require any form of restraint.

There was a policy in place for the management of residents’ finances. Residents managed their finances independently and receipts were retained from shopping events and outings.

The person in charge explained to inspectors that residents had been trained on protection issues and the comprehensive training programme was viewed by inspectors. Residents spoke with inspectors and indicated that they found the programme very helpful in their daily lives.

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:
There was a record of all incidents and accidents maintained in the centre.

Notifications generally were made to the Authority in line with Regulations. However, inspectors noted that a serious incident which required hospitalisation had not been notified to the Authority. This event occurred while one of the residents from the house was attending the day service. Staff were unsure as to their responsibility to notify this event to the Authority. This was discussed with the person in charge and the notification was sent in retrospectively.

Judgment:
Non Compliant - Major

Outcome 10. General Welfare and Development
<table>
<thead>
<tr>
<th>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.</th>
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</table>
| **Theme:**
| Health and Development |

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

| Findings:
| The policy on access to education, training and development was not available at the time of inspection. Policy issues were addressed under Outcome 18. Reviews of residents’ personal plans indicated that individual resident’s education and employment goals were being fulfilled. Activities and educational programmes included access to literacy programmes, computer technology and fitness. Residents were also involved in life skills programmes. Further training and development was offered to residents within the centre where they had developed skills such as cooking, laundry, money management and gardening. Residents’ achievements were celebrated and an area of the hallway was used to display photographs of residents receiving certificates and other awards. The ethos of the centre focused on developing skills that prepared residents for independent living. Residents spoke with inspectors about their plans for the future, including living independently. A review of the directory of residents confirmed that a number of past residents had been discharged to independent living centres. These residents had been supported to continue education programmes. |

| Judgment:
| Compliant |

| Outcome 11. Healthcare Needs
Resident’s 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:
| Residents had access to general practitioner (GP) services and appropriate therapies, such as dentist, psychologist, dietician, occupational therapist, psychiatrist and speech
Residents were enabled to independently visit their GP. There was evidence that residents had availed of allied health care services and specialist consultants. Residents could avail of the services of a local dentist. Regular multidisciplinary input was evident in the residents’ personal plans. However, one medical incident did not have a comprehensive follow up, including adequate controls, to prevent a repeat of the incident. In addition, a resident who had been ill was on her own one weekend, for a period of hours, until staff returned on duty. This was addressed under Outcome 17: Workforce. This arrangement had not been assessed to prevent a reoccurrence or to put a contingency plan in place in the event of a repeat of the event.

Inspectors saw signed agreements which residents had drawn up for various aspects of their care. Some residents had documented their advanced care wishes. Inspectors were informed by the person in charge that these were revisited at the yearly review meetings. Residents confirmed with inspectors that they were central to the care planning process. Inspectors spoke with all residents in the centre. They provided an in-depth picture of life in the centre and how their rights were respected and their autonomy supported.

Inspectors noted that residents had access to refreshments and snacks with a selection of fresh fruit and home baked bread available. Residents, spoken with by inspectors, indicated that they were encouraged to buy fruit and vegetables, when shopping. Residents shopped independently and occasionally family or staff would accompany them, especially when shopping for clothes. Inspectors observed that staff encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. This was supported by information in the personal plans viewed by inspectors. Staff with whom inspectors spoke were knowledgeable about residents’ health and social care needs and were observed to provide care as outlined in the personal plans. The person in charge and staff members spoken with by inspectors gave relevant information about each resident’s medical and social needs. It was evident to inspectors from conversation with staff and residents that residents were afforded opportunities to participate in activities as discussed under Outcome 5; Social care needs.

The privacy, dignity and confidentiality of residents were safeguarded, as information and documentation relating to residents, were stored in the staff office. Residents were enabled to access their individualised personal plans and understood that their personal information and their confidentiality would be respected by the Authority.

Judgment:
Non Compliant - Moderate

**Outcome 12. Medication Management**
Each resident is protected by the designated centres policies and procedures for medication management.

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

Findings:
Inspectors found that residents were supported in accessing a pharmacy of their choice. The centre maintained all medication records as required.

A policy on the management of medications was available in the centre and staff had signed as having read the policy. However, this policy was generic rather than being specific to this centre. This was addressed under Outcome 18.

The centre was seen to encourage and support residents to self administer their medication. Residents were self administering their medications at the time of the inspection. However, supervision of this practice was not robust. In addition, medications were stored in residents' bedrooms and there was inadequate audit of this practice. For example, there was a lack of continuing supervision for self administration by a resident where a very serious incident had previously occurred. Adequate documentation and risk assessments were forwarded to the Authority following inspection.

Judgment:
Non Compliant - Major

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 in the centre. It accurately described the service that was provided and it contained all the information required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013. The person in charge was aware of the requirement to review this annually and to inform the Authority of any amendments.

Judgment:
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 governance and management structure in place which was in accordance with the structure outlined in the statement of purpose. The person in charge informed inspectors that her post was full time and she was involved in three centres in the service including a day care centre. She stated that she was engaged in the governance, operational management and administration of the centre on a regular basis from two to three days weekly. She was supported by a social care leader who participated in the management of the centre. Regular management meetings between the provider, the person in charge and the social care leader were held. Staff were facilitated to discuss issues of safety and quality of care at weekly team meetings which the person in charge attended. A regular review of the quality and safety of care in the centre was organised. Supporting documentation was viewed by inspectors.

Audits of areas such as infection control, health and safety management and medication administration practices were undertaken. Inspectors viewed records of these audits and saw that the actions identified were addressed and discussed at staff meetings. The person in charge was suitably qualified and demonstrated good leadership and organisational skills. Staff informed inspectors that she was supportive and approachable. She demonstrated sufficient knowledge of the legislation and her statutory obligations and had a commitment to ongoing professional development. She informed inspectors that she had completed a degree and a higher diploma in psychology. She had attained qualifications in positive psychology and in special needs care. Inspectors viewed certification of these qualifications.

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
**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 inform the Chief Inspector if the person in charge was absent for a period of 28 days, or longer. There was a suitably qualified person available to deputise in the absence of 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:
A review of the services provided indicated to inspectors that there were sufficient resources, to support residents to achieve the goals, outlined in their individual personal plans. However, staffing provision, particularly at weekends, was discussed with the person in charge. This will be addressed under Outcome 17: Workforce.

### Judgment:
Compliant

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**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:
During the two days of inspection, inspectors observed that the number and skill mix of staff on duty was appropriate to meet the needs of residents. A review of duty rosters indicated that sufficient staff were rostered to work on weekdays. The staff displayed knowledge of residents' needs, of policies and of Regulations and Standards. The person in charge informed inspectors that there were no volunteers involved in the centre. However, inspectors formed the view that staffing provision at the weekend was inadequate. For example, there were no staff on duty in the centre between 10.00 and 19.00 on most weekends. The person in charge indicated that this system worked well for the assessed needs of the residents in the centre. She stated that residents were encouraged to make arrangements to visit with friends and family at weekends, as well as spending time relaxing and shopping. Residents had access to staff by using the phone in the centre or their personal mobiles where possible. A staff member carried an 'on call phone' at all times during the weekend and was accessible to residents. Residents had been risk assessed as to their ability to communicate with staff by phone or by text.

Residents were preparing for independent living and the person in charge stated that the above system proved effective. Inspectors also viewed letters which indicated that residents had spent nights alone in the centre from 22.00 and 07.00, again in preparation for independent living. Family members and residents had been consulted on this and meetings and preparatory work had been undertaken prior to the event. However, a care plan reviewed by inspectors indicated that a sick resident had been left alone in the centre one weekend, without staff on duty, for a period of hours. The doctor was called when staff returned on duty in the evening and appropriate medication was prescribed. There was no evidence that learning had occurred as a result of this incident or that provision had been made to ensure that this would not happen in the future. There were a number of risks which had not been assessed for example, management of risk in the event that a resident became ill as had happened previously or in the event of fire in the centre, in the absence of staff. In addition, there were particular vulnerabilities around medication which had not been taken into account in this arrangement. These were addressed under Outcome 7: Health and safety and risk management.

Records indicated that staff had access to appropriate training for their role. This included; fire safety training, manual handling, safeguarding vulnerable adults, non-violent crisis intervention, the safe administration of medication, food safety and first aid training. Further training undertaken by some members of staff included epilepsy awareness and person centred planning. Management staff regularly reviewed training records to ensure staff had received all mandatory training and that refresher training was delivered, when necessary. Inspectors viewed the training matrix and the results of these reviews were documented.
A sample of staff files were seen by inspectors. Documentation required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013 was maintained. The files confirmed that staff had appropriate supervision and appraisals. However, in the sample of files reviewed one staff member had a gap in employment history of two years and a staff member’s qualification certification was not present in a second file. These matters were addressed following the inspection and relevant documentation submitted to the Authority.

Judgment:
Non Compliant - Major

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:
Records were maintained within the centre in a manner that was both secure and easily retrievable.

Inspectors reviewed the up to date insurance policy for the centre.

A review of documentation in respect of each resident was undertaken. However, the directory of residents did not include the name, address and telephone number of each resident’s general practitioner, as set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013.

Inspectors found that documentation was maintained in the centre to meet the requirements of Schedule 4 of the Regulations.

Inspectors also reviewed the policies available within the centre. However, these did not comply with the requirements of Schedule 5 of the Regulations. For example, there was
no policy available on access to education training and development or on residents’ personal property and possessions. In addition, seven policies were out of date having last been reviewed in 2010 and 2012. Furthermore, most policies available were found to be generic rather than centre specific.

**Judgment:**
Non Compliant - Moderate

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Mary O'Mahony  
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-0002647</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>10 and 11 August 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23 September 2015</td>
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</tbody>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 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:
The record of complaints did not record if a complainant was satisfied or not with the outcome of investigations.

1. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
The record of complaints now includes a record of whether the complainant was satisfied with the outcome of the investigation.

**Proposed Timescale:** 12/08/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints procedure did not nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints were appropriately responded to and that a record of all complaints was maintained.

2. **Action Required:**
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

**Please state the actions you have taken or are planning to take:**
A manager has been nominated as required as the local complaints officer within the service.

**Proposed Timescale:** 12/08/2015

**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 admission policy did not take account of the need to protect residents from abuse by their peers.

3. **Action Required:**
Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

**Please state the actions you have taken or are planning to take:**
Risk assessment in place to control against peer abuse. The policy is being updated to include the issue of peer abuse.
Proposed Timescale: 31/12/2015

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:
All risks in the centre had not been adequately assessed:
For example:
- if a resident became ill at the weekend when staff were not present
- if a fire occurred in the centre in the absence of staff at weekends and occasional overnights
- vulnerabilities around medication.

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

Please state the actions you have taken or are planning to take:
All risks in the centre are now adequately assessed.

Proposed Timescale: 12/08/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A personal emergency evacuation plan was not in place for all residents.

5. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
Personal Emergency Evacuation Plan is now in place for all residents

Proposed Timescale: 12/08/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to notify the Authority within 3 working days of the
occurrence in the designated centre of a serious injury to a resident which required immediate medical or hospital treatment.

6. **Action Required:**
Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will notify the Authority within 3 working days of the occurrence in the designated centre of a serious injury to a resident which requires immediate medical or hospital treatment.

**Proposed Timescale:** 12/08/2015

### Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The centre had failed to adequately support residents at times of illness.

7. **Action Required:**
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

**Please state the actions you have taken or are planning to take:**
Protocol has been put in place for staff regarding supporting residents at times of illness.

**Proposed Timescale:** 12/08/2015

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Appropriate health care had not been provided for a resident having regard to the resident’s personal plan.

8. **Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

**Please state the actions you have taken or are planning to take:**
Protocol now in place in personal plans to address this.
**Proposed Timescale:** 12/08/2015

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The centre had not put in place appropriate and suitable practices relating to the storing, disposal and administration of medicines to ensure that any medicine that was kept in the designated centre was stored securely. Medicines stored in the centre were not audited and there was no system in place to return unused medicines to the pharmacy.

**9. Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
There is an assessment of need in place for each resident which is incorporated into their individual support plan. Their support needs re medication are identified and detailed in this plan. This plan is agreed and signed off by the resident and key stakeholders. Where residents take responsibility for their own medication, this is risk assessed and agreed as above.

**Proposed Timescale:** 12/08/2015

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Risk assessments to self-administer medication did not accurately reflect the risks involved and the controls in place to prevent a repeat of an incident were not robust.

**10. Action Required:**
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

**Please state the actions you have taken or are planning to take:**
Risk assessments regarding the self administration of medication now accurately reflect the risks involved and additional controls are in place to monitor the mental health of residents.
Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All the information and documents specified in Schedule 2 of the Regulations had not been obtained in the sample of staff files reviewed.

11. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
Information and documents specified in Schedule 2 has been added to staff files.

Proposed Timescale: 12/08/2015

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre had not ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents in circumstances where residents were ill or were at particular risk.

12. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Proposal to HSE to fund increased weekend staffing submitted.

Proposed Timescale: 31/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All policies and procedures had not been reviewed at intervals not exceeding 3 years, or
as often as the chief inspector required and, where necessary updated in accordance with best practice. These policies included: Transfers & Discharges; Missing Person; Provision on Behavioural Support; The use of Restrictive Procedures; Health and Safety; Provision of Intimate care; and Recruitment, Selection and Garda Vetting of staff.

13. **Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
The Behaviours that Challenge policy has been reviewed and will be issued in September 2015. The policy on use of Restricted Procedures is under review and due to be issued in October 2015. The reviewed Health & Safety Statement will also be issued in October 2015. Other policies are currently under internal review and reviewed policies will be implemented in the service once issued.

**Proposed Timescale:** 30/11/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
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 were not available in the centre.

14. **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 above policies are now available in the service.

**Proposed Timescale:** 12/08/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The directory of resident's did not include the name, address and contact number of residents' general practitioners, nor did it record the resident's gender.

15. **Action Required:**
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes
the information specified in paragraph (3) of Schedule 3 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:**

Resident’s gender and name, address and contact number of their GP has been added to The Directory of Resident’s.

**Proposed Timescale:** 12/08/2015