

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002672
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 October 2015 12:00	05 October 2015 19:00
06 October 2015 09:30	06 October 2015 16:00

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

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

Summary of findings from this inspection

This was the centre's first inspection the purpose of which was to inform a registration decision. As part of the inspection the inspector met with residents, relatives and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies, procedures and staff files.

During the inspection the inspector found a high level of compliance with the Regulations, with thirteen of the outcomes reviewed being assessed as compliant and two as moderately non compliant and three substantially compliant.

Good practice was found in the areas of:

- rights, dignity and consultation
- communication
- links with family and the local community
- social care
- health care
- safe and suitable premises
- safeguarding
- fire safety
- general welfare and development
- medication management
- governance and absence of the person in charge
- use of resources
- documentation
- notification of incidents.

Evidence of good practice was found throughout the service. Residents' health and social care needs were well met and there was an emphasis on ensuring that residents lived full lives to their maximum potentials and were involved in the local community.

There were comprehensive assessments and personal plans for each resident and residents had good access to general practitioners and health care support services. Staff supported residents to safely administer their own medication.

The centre was comfortable, appropriately furnished and well maintained. Staff and residents knew each other well, residents were observed to be relaxed and happy in the company of staff.

The provider and person in charge had developed robust fire safety controls and other safeguarding measures to promote the safety of residents.

There was improvement required to the emergency plan and allocation of staff duties. In addition, some minor improvement to the complaints policy and procedure, contracts of care and statement of purpose was required.

Findings from the inspection and actions required are outlined in the body of the report.

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:

The provider had arrangements in place to ensure that residents were consulted in how the centre was planned and run. There were monthly residents' meetings at which residents could make plans and discuss issues of importance to them. Minutes of these meetings were recorded by staff.

The person in charge used the meetings as a forum for providing relevant information to residents and had developed a list of themes, one of which would be discussed at each monthly meeting. These included making complaints, fire safety and food safety. The minutes showed that residents had also discussed personal events and at the most recent meeting they had been planning a forthcoming Halloween party.

The forthcoming HIQA inspection had also been discussed with residents at a recent meeting. Residents told the inspector that they also had a meeting every Thursday to decide the menu for the following week and to plan the shopping list for the weekly household shop.

An advocacy service was available to residents and details of how to access this service were readily available in the centre. In addition to this local service there is also an Advocacy Committee in the organisation which held monthly meetings. One of the residents in this centre attended these meetings and represented the views of the other residents in the house. Residents told the inspector that they lived their lives the way they wanted to and could get up and go to bed when they wished.

The person in charge had ensured that residents knew that they could make a complaint if they were not satisfied with any aspect of the service. However, some aspects of the

complaints policy and procedure were unclear and required further development.

Details of the complaints process were clearly displayed for residents and had been discussed at residents' meetings. The complaints procedure was written in a legible format and was readily accessible to all residents in their information folders. However, details of who to complain to were not sufficiently clear and the person to whom complaints should be addressed was not nominated in the document.

Residents were clear about their right to make a complaint. They told the inspector who they would speak to if they had a complaint and they felt sure that if they raised any issue that it would be addressed. In addition there was a comment box in the entrance hall, although to date no comments had been received.

There was also a complaints policy which provided guidance on the management of complaints. It identified who to make a complaint to and included an independent appeals process which could be used in the event of a complainant not being satisfied with the outcome of a complaint.

The policy did not include details of the person who would oversee the complaints process but the person in charge identified who was responsible for this and said that the policy would be revised to reflect this.

To date no complaints had been received, although there was a suitable process for recording complaints if required.

Residents were very involved in household activities such as shopping, laundry and food preparation and some residents did baking in the kitchen every week.

Staff members treated residents with dignity and respect. Staff spoke with residents in a caring and respectful manner.

All residents had single bedrooms and had keys to lock their bedroom doors if they wished to. Prior to the inspection staff had discussed the forthcoming visit with the residents, including whether or not they were happy to show the inspector their bedrooms. Some residents were not happy for their rooms to be viewed and staff ensured that this was respected.

Residents' belongings were respected and safeguarded. In the bedrooms that the inspector visited there was ample wardrobe and storage space, in which residents could store personal belongings. Other residents, whose rooms had not been viewed, told the inspector that they were happy with the facilities in the bedrooms. Residents had their rooms decorated with photographs, pictures and personal belongings.

Although residents were generally independent in delivering their own personal care, intimate care plans had been developed to ensure that suitable prompts were given by staff as required.

At the time of inspection all residents were in control of their own finances and looked after their own valuables. There was a policy on the safekeeping of residents valuables

should this be required.

Residents' civil and religious rights were respected. To assist residents in participating in the voting process a 'Voting Programme' had been developed in the day service, which involved information sessions for residents prior to elections or referenda and also visits from local politicians. Any residents who wished to were registered to vote and were supported to vote. The person in charge said that some voted independently while others were accompanied to vote by families or staff.

At the time of inspection Roman Catholicism was the only religion being practiced in the centre. Staff supported residents to attend Mass and some residents also participated in a monthly spiritual group.

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:

All the residents living in the centre had good communication skills and no specific communication techniques were required.

The inspector found that the person in charge had introduced some processes to enhance communication of important information to residents and to promote their independence. Information such as the complaints process and the residents guide were available in easily readable format with pictures. When the residents agreed the weekly menu, this was written out and displayed on the notice board in the kitchen. The board also identified which staff member would be on duty each day.

The notice board also displayed a range of information including emergency telephone numbers, a newsletter, parish Mass times and the household duty rota.

Residents had access to radio, television, social media, newspapers, magazines and internet as well as information about happenings in the local community. There was also a computer in the dining room for the use of all residents.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents who lived in the centre maintained relationships with their families and staff encouraged and supported residents to be involved in the local community.

Arrangements were in place for each resident to receive visitors in private and there was no restriction on visits except when requested by a resident. Each resident had worked with staff to identify important people in his/her life and details of how they could contact these people were recorded in their personal plans.

Residents told the inspector that they were free to have family or friends to visit the house at any time and that they could visit their families or socialise in the local community as they wished. During the inspection one resident had just returned from spending the weekend with his family and told the inspector that he went there most weekends. Another resident was away visiting family at the time of inspection and a family who spoke with the inspector confirmed that there was no restriction on visiting.

As residents in this centre had a high level of independence, all were fully involved in their own decision making and personal planning and were consulted as to their preferred level of family involvement. Families were invited to attend and participate in residents' annual meetings and the review of residents' personal plans subject to residents' wishes for this involvement.

All residents' families had been asked their preferences for communication with the centre and this was recorded. Families had been asked how often they wished to be contacted by the centre with up to date information and how they preferred to receive this information. For example, one resident's family chose to be contacted monthly by telephone

Each weekday, residents visited day services where they had the opportunity to meet and socialise with peers. Residents were also involved in the wider community; for example, attending medical appointments and going to the pharmacist and post office. Residents told the inspector that they attended sporting and entertainment events, the hairdresser, classes, a weight loss club, dined out in restaurants and went for a drink in local bars.

The management team had organised day trips of interest to residents, including outings to Knock, Westport, the beach and also shopping trips to Athlone and Galway. Some residents used public transport.

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:

The admissions process was appropriately managed and contracts of care were in place.

The person in charge confirmed that contracts for the provision of services were agreed with all residents. Although the contracts were generally in line with the requirements of the Regulations they required some further development to accurately reflect the service provided.

The inspector reviewed some contracts and noted that they included the services to be provided and the fees to be charged, including the details of additional charges such as grocery and housekeeping contributions. However, the inspector found that the contracts did not accurately reflect all aspects of the service provided to residents.

The person in charge explained that the service was provided for 49 weeks each year and the service closed down for three weeks annually. Arrangements for payment of rent and other associated fees while the centre was closed were not clearly indicated in the contracts of care.

There was a policy to guide the admissions process and the person in charge explained how the admission process would be managed. Prior to the admission there would be a consultation process with the resident, the admitting organisation, relevant health care professionals and family members. Risk assessments and health care assessments would be carried out to ensure that the residents' health and social care needs could be met in the centre. .

The person in charge was fully aware of the need to manage any admissions having regard to the needs and safety of the individual and the needs of the other residents in

the centre.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found that residents' social care needs were well met and they had opportunities to participate in activities, appropriate to their individual interests.

Residents were involved in the development of their personal plans which set out their individualised personal goals, including social goals. Residents undertook much of their social activity independently and staff also provided a good quality of social support when required.

Each resident had a personal plan outlining the things that they liked to do. The inspector reviewed a sample of personal plans. The plans set out each resident's individual needs, aspirations and choices and how they could be achieved. Individual goals were clearly set out and included the name of the person responsible for pursuing the goals.

In addition, the personal plans contained personal profiles of each resident, information about residents' interests and weekly activity records.

There were a range of activities taking place in the local area and in resource services and residents' involvement was supported by staff. Some residents liked to go independently to nearby hotels to socialise, for a drink and for music sessions or concerts, one resident went to the pool for aqua aerobics and another enjoyed going to the cinema and to sporting events.

Two residents were going to visit Rome later in the year and were really looking forward to the trip. A group of residents had gone out to a pub quiz the previous week and they

said that it had been great fun.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the design and layout of the centre met the needs of residents as outlined in the statement of purpose.

The centre was a domestic house which was well maintained both internally and externally and was found to be clean, suitably decorated and comfortable. There was adequate private and communal space consisted of a sitting room, dining room, conservatory and a kitchen. There was also a staff office, a staff bedroom and a well equipped laundry room, where residents did their own laundry.

All bedrooms were for single occupancy and had en suite toilet and showers facilities. They bedrooms viewed were of suitable size and were bright, well furnished and had adequate personal storage space including a lockable storage area. Residents had personalised the house, including their bedrooms, with personal items, ornaments and pictures. There was also an additional bathroom with a bath.

The inspector found the kitchen to be well equipped and maintained in a clean condition. There were adequate storage units for residents' food and the cupboards were well stocked. Separate food storage was allocated to one resident with a specific dietary requirement. The height of one work surface in the kitchen had been adjusted so as to be suitable for wheelchair users to prepare food. One resident chose not to cook and eat communally with other residents. This resident preferred to shop and cook independently and had a separate fridge.

Residents had access to a large enclosed landscaped garden with a paved patio and garden furniture. There were suitable arrangements for the disposal of general waste. Residents segregated waste into recycling bins in the house and before removal to main bins which were stored externally. This was removed by contract with a private company. There was no clinical waste being generated.

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:

There were systems in place to promote the health and safety of residents, staff and visitors however, some improvements were required.

There was a health and safety policy and a risk management policy incorporating a risk register available to guide staff. There were also a range of policies which were viewed in conjunction with the risk management system and which included a missing person policy, behaviours that challenge policy and procedure, positive risk enablement and service user health promotion.

The system was reviewed by the inspector who noted that it included guidance on controlling the specific risk required in the Regulations. For example, it included precautions in place to control risks such as, assault, aggression, violence and self-harm.

The provider and person in charge had ensured that adequate fire precautions were in place. There were up to date servicing records for all fire safety equipment. Service records showed that the fire alarm system and emergency lighting were serviced quarterly and fire extinguishers were serviced annually. It was recently identified that there was a fault in one of the smoke detector alarms in the house and the person in charge was awaiting repair of this device. As an interim measure she had introduced an alternative measure to control this risk and this was identified in the risk register.

In addition, staff also carried out daily checks of the fire alarm panel and escape routes, weekly checks of fire blankets, extinguishers and emergency lights and monthly visual inspections of fire doors and fire extinguishers, and these were being recorded. The inspector also noted that all fire exits were unobstructed.

The provider had measures in place to ensure that staff and residents knew what to do in the event of a fire. All staff had received formal fire safety training. Quarterly fire evacuation drills, one of which was during night-time hours, took place involving all residents and staff. Records of all fire drills were maintained which included the time taken and comments recorded for learning.

The procedures to be followed in the event of fire were displayed. Residents told the inspector about the fire evacuation drills and said they were clear of what they would do if they heard the fire alarm. They confirmed that the alarm would wake them if they were asleep.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. However, the emergency plan required some further development, as the arrangements for accessing alternative accommodation in the event of an evacuating were unclear and did not reflect the arrangements as described by the person in charge.

Judgment:

Non Compliant - Moderate

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:

Measures were in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults with a disability from abuse and a training schedule which ensured that each staff member attended training in prevention of abuse at three yearly intervals.

Staff who spoke with the inspector confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area. The person in charge confirmed that she had received training in relation to adult protection. She was knowledgeable regarding her responsibilities in this area and was clear on how she would respond to any allegation or suspicion of abuse.

No incidents, allegations or suspicions of abuse had occurred in the centre. All residents told the inspector that they were very well supported by staff and felt safe living in the centre.

There was a policy on responding to behaviours that challenge to guide staff, although at the time of inspection there were no residents with behaviours that challenge living in

the centre.

The inspector observed staff interacting with residents in a respectful and friendly manner. There were no residents using bed rails or any other form of restraint, although there was a policy to guide these practices if required.

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 person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all quarterly returns had been suitably notified to the Chief Inspector by the person in charge. There had been no other incidents or accidents which required notification to the Chief Inspector.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

The inspector found that residents were supported to participate in training and development opportunities to assist them achieve their best potential. All residents had opportunities for new experiences and to develop further skills based on their interests.

The residents in this centre had a low level of dependency and generally lived independent lives with minimal support from staff. The aim of the management team and staff was to promote independence and one resident was in the process of transitioning to living in the community.

A support plan had been developed for each resident, which identified the level of support required for residents to take control of activities such as reading, shopping, housekeeping, working and money management. The plans also covered social roles and maximising independence by using public transport and accessing education and employment.

For example, as part of a transition to independent living, one resident was supported by staff in using public transport, ironing, bedroom cleaning and making weekly budget plans. This resident also went to the shop daily to do some household shopping. For another resident, staff identified a potential road safety risk and supported the resident to become involved in a Road Safety Awareness Programme to promote independence and safety.

All residents had received lessons in using a computer and all use the computer in the centre. One resident uses the computer to make their own greeting cards. Other classes which residents were involved in include art and sewing. Handmade cushions made by one resident were in use throughout the centre.

The residents did baking together in the house one evening each week. They told the inspector that they enjoyed baking and on the day of inspection were making apple crumble.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

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

Findings:

The inspector found that residents' health care needs were well met and they had access to appropriate GP and other health care services as required.

All residents had access to GP services as required. At the time of inspection residents in

this centre were generally in good health and most had no significant health care issues that required ongoing treatment. The inspector found evidence that residents went for consultation with GPs as required to maintain their health.

Residents also had access to a range of health professionals including physiotherapy, speech and language therapy, psychology and psychiatry and referrals were made if required.

Residents' nutritional needs and weights were kept under informal review and staff stated that none of the residents were experiencing significant nutritional issues. While residents, due to their level of independence, made their own choices about food and lifestyle, they were encouraged to eat healthy balanced diets and partake in a regular exercise.

Individualised support plans were developed as required and one plan viewed contained detailed information around support required for mobility, exercise and personal care.

Residents had access to the kitchen to prepare drinks and snacks at any time.

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 were safe medication management practices in place.

At the time of inspection there was no resident prescribed medication requiring strict controls, no resident required medication to be crushed or administered as required and there was no medication requiring temperature control, although the organisation had policies to guide on these processes if required.

There was a comprehensive medication management policy guiding practice. Training records indicated that staff had received medication management training.

All the residents in this centre took control of, and administered, their own medication, following an assessment to ensure that this practice could be undertaken safely. Staff undertook self administration monitoring checks each month to establish that there were

no medication errors or other issues arising. The inspector reviewed a sample of these monitoring records and found that there had been no issues arising. Staff used these checks to remind residents when their medication supply was running low.

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:

There was a statement of purpose which set out a statement of the aims, objectives and ethos of the designated centre. However, it required further development as it did not contain all the information required by Schedule 1 of the Regulations.

The statement of purpose did not indicate, for example, the sizes of habitable rooms. In addition, the total staffing complement in whole time equivalents and the age range of residents were not clear.

The person in charge was aware of the requirement to keep the document under review at intervals of not less than one year. Copies of the statement of purpose were available in the centre and were accessible to residents and their representatives.

Judgment:

Substantially 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 an effective management structure in place which supported the delivery of safe care and services.

The inspector found that the person in charge had the appropriate experience and qualifications for the role. She had qualification and experience in the areas of child care, social work, general and psychiatric nursing. She had extensive experience in working in adult social care in the areas of both older person and intellectual disability. The person in charge kept her skill and knowledge up to date and was currently attending a cognitive behaviour course.

The person in charge was knowledgeable regarding the requirements of the Regulations and Standards, had very clear knowledge about the support needs of each resident and demonstrated a commitment to improving the service offered to these residents. Staff members stated that the person in charge was supportive and readily available to them.

The person in charge was clear about her roles and responsibilities and about the management and reporting structures in place in the organisation. The inspector observed that she was well known to staff and residents. There were suitable deputising arrangements in place to cover the absence of the person in charge. There was an on-call out of hour's rota system in place.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The person in charge met with line manager each week and stated that he was contactable as other times as required. She also attended monthly regional meetings with other persons in charge in the organisation. Residents and relatives who met with the inspector knew who was in charge of the service.

There were systems in place for monitoring the quality and safety of care. The person in charge kept all accidents, incidents and complaints under formal review within the centre for the purpose of identifying trends. In addition all complaints and adverse incidents were forwarded to the organisation's health and safety officer and clinical risk specialist for monthly review.

The quality and service manager had commenced a programme of unannounced audits the centre to review the quality of service and compliance with legislation and the regional manager carried out annual health and safety audits. Findings from all audits and reviews were communicated to the person in charge for attention and were also reported to the provider.

The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service.

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:

The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

Suitable arrangements were in place to cover the absence of the person in charge.

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:

The inspector found that there was sufficient resources to support residents achieve their individual personal plans and goals.

There were no resource issues identified that impacted on the delivery of appropriate service or provision of suitable care to residents. In addition, the accommodation was clean, safe, well maintained and suitably furnished to meet residents needs.

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 inspector found that all staff had been recruited, selected and vetted in accordance with the requirements of the Regulations although improvement was required to the records relating to staff training.

The inspector reviewed a sample of staff files and noted that they contained most of the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 such as suitable references, photographic identification and employment histories. However, documentary evidence of any relevant qualifications or accredited training were not available on the files viewed.

The inspector reviewed a sample of staff rosters and noted that on the days of inspection the roster reflected the number of staff on duty. Staffing levels were based on the needs of residents and were determined by the experience of the person in charge and reviews of residents' needs.

Staff were present to support residents at all times both in the centre and when they wanted to do things in the local community such as going to the shop, for coffee, for a drink or a meal or to attend social events in the local community. Residents and families confirmed that this was the case.

However, the allocation of staff was not always appropriate to ensure that the social care needs of all residents were met. One resident had expressed a wish to go to the cinema and to nightclubs and lively bars to socialise with people of a similar age-group. Although these goals had been identified and recorded several months earlier they had not been achieved and there was no clear plan in place to ensure that they happened.

There were a range of health care supports available within the organisation, which included the services of a health and safety officer, occupational therapist, speech and language therapist, behavioural support specialist and a social worker.

Staff had attended a range of training relevant to their duties. All staff had received training in safeguarding, fire safety, manual handling and medication administration and most staff had attended training in first aid, personal care, food safety and management of actual and potential aggression.

Judgment:

Non Compliant - Moderate

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 as required by the Regulations were maintained in the centre.

During the course of the inspections a range of documents, such as the residents guide, medical records, directory of residents, staff recruitment files and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were made readily available to the inspector.

All policies as required by Schedule 5 of the Regulations were available and up to date.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002672
Date of Inspection:	05 October 2015
Date of response:	09 November 2015

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:

Details of who to complain to were not sufficiently clear and the person to whom complaints should be addressed was not nominated in the complaints procedure.

1. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

appeals procedure.

Please state the actions you have taken or are planning to take:

- The policy and procedures state that the service manager (PIC) is responsible for receiving a complaint. The accessible and age-appropriate complaints procedure has been amended to include the name of that person.

Proposed Timescale: 02/11/2015

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:

Contract agreements did not accurately reflect all aspects of the service provided to residents. Arrangements for payment of rent and other associated fees while the centre was closed were not clearly indicated in the contracts of care.

2. Action Required:

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

Please state the actions you have taken or are planning to take:

The contract to be amended and agreed with residents to indicate:

- Detail on grocery and housekeeping contributions.
- Payment of rent while the Centre is closed. (Closure elected by Residents as 52 week option available)
- Non payment of grocery and housekeeping contributions when the Centre is closed.

Proposed Timescale: 18/12/2015

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:

There was a fault in one of the smoke detector alarms.

3. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:

This fault has now been rectified

Proposed Timescale: 21/10/2015

Theme: Effective Services

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

The arrangements in the emergency plan for accessing alternative accommodation in the event of an evacuating were unclear.

4. 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:

- The contingency plan to be reviewed and to include details of evacuation of the Residents to an alternative location.

Proposed Timescale: 30/11/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all the information required by Schedule 1 of the Regulations.

5. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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 whole time equivalent and hours worked of all Staff has been made clearer.
- The age range of the Residents has been included.
- The Plan/Room Size of habitable rooms has been included.

Proposed Timescale: 04/11/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The allocation of staff was not always appropriate to ensure that the social care needs of all residents were met.

6. 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:

- The Residents plans to be reviewed to identify clearer social needs and action plan developed with residents and relevant stakeholders to meet social goals.
- House meetings to include on the agenda : Social Outings. This will facilitate planning for Social Outings and enable staff and resources to be made available.

Proposed Timescale: 18/12/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Documentary evidence of any relevant qualifications or accredited training were not available on the files viewed.

7. 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:

Documentary evidence of relevant qualifications and accredited staff training are held centrally on training database. They will be inserted in staff files.

Proposed Timescale: 18/12/2015