

**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-0002681
Centre county:	Galway
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:
21 September 2015 16:00	21 September 2015 21:30
22 September 2015 10:00	22 September 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 first inspection of this centre the purpose of which was to inform a registration decision. As part of the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

During the inspection the inspector found a high level of compliance with the Regulations, with fifteen of the outcomes reviewed being assessed as compliant.

Evidence of good practice was found throughout the service. Residents' health and

social care needs were well met. There were comprehensive assessments and personal plans for each resident and residents had good access to general practitioners and health care support services.

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

The provider and person in charge had robust fire safety controls and other safety measures to promote the safety of residents in place. Residents confirmed that staff supported them well and that they felt safe in the centre.

There was improvement required to the identification and control of risk. In addition, some minor improvement to recruitment documentation and management of discontinued medication 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 inspector found 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. Staff recorded minutes of the meetings, which showed that residents had discussed personal events, such as birthdays and planned for outing, activities and goals.

Staff also used these meetings as a forum to give residents advice on topics such as food safety and the importance of taking exercise. The upcoming HIQA inspection had also been discussed with residents at a recent meeting. Residents also sat down together every Friday to plan the menu for the following week and to plan the shopping list for the weekly household shop.

Residents told the inspector that they lived their lives their own way and could come and go as they pleased. They said that they let staff know of their plans and when they would return. Residents further confirmed that they could get up and go to bed when they wanted to.

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, including pictures and photographs, and was designed to be clear and accessible to both residents and their families. This procedure was readily accessible for residents to view. Residents were clear about the complaints process. 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.

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

An advocacy service was available to residents and details of how to access this service were readily available.

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

The inspector observed that the privacy and dignity of each resident was respected. 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. Residents' belongings were respected and safeguarded. There was ample wardrobe and storage space in bedrooms, in which residents could store personal belongings.

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.

Residents' civil and religious rights were respected. Any residents who wished to were registered to vote. At the time of inspection Roman Catholicism was the only religion being practiced in the centre. There was a church nearby which residents could visit at any time, some residents liked to attend the annual novena and there had been outings to Knock. The organisation had a charter of rights. Each resident had a copy of the organisation's charter and a copy was available in an accessible communal area.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

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

The person in charge had introduced some processes to enhance communication of important information to residents and to further promote their independence for example:

- information such as the complaints process and the residents guide were available in easily readable format with pictures
- when residents agreed the weekly menu, this was written on a white board and displayed in the kitchen
- the board also identified which resident was responsible for the daily meal and which staff member would be on duty each day.

Residents had access to television, radio and magazines and all residents had their own mobile phones.

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. All residents were encouraged and supported to interact in the local community.

There was an open visiting policy, family and friends could visit at any time and there was sufficient space for residents to meet visitors in private if they wished. Each resident had worked with staff to identify important people in their lives 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 visitors to the house at any time and that they could visit their families or socialise in the local community as they wished.

As residents in the centre had a high level of independence, all were fully involved in

their own decision making and care planning processes. Residents were consulted as to their preferred level of family involvement. Families were invited to attend and participate in residents' annual review meetings and the review of residents' personal plans subject to residents wishes for this involvement.

Some residents visited a day service each weekday where they had the opportunity to meet with and socialise with friends. One resident also visited another support organisation which she told the inspector she enjoyed. One resident preferred not to attend any day service, but to participate independently in his own interests during the day.

Residents were supported to go on day trips, attend sporting and entertainment events, the hairdresser, attend classes and dine out in local restaurants and pubs. Residents frequently visited the shops and facilities in the local community.

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:

Contracts for the provision of services were agreed with each resident. 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.

There had been no recent admissions to the centre.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

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 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.

For example one resident was having a big birthday this year and wished to go out for a hotel meal to celebrate. Following consultation between the resident and staff, it was agreed that a birthday party would be organised in the resident's preferred hotel. The resident showed the inspector photographs from the party and stated how enjoyable it had been.

In addition, the personal plans contained personal profiles of each resident, information about residents' interests and documented weekly activity charts/programmes. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place.

During the inspection residents talked with the inspector about the things they liked to do socially. They spoke of a recent day trip and said that they had recently returned from a holiday which they had enjoyed very much. One resident had been to a concert with staff and showed the inspector a framed photograph of herself taken with the singer. As the centre was centrally located some residents liked to go independently to nearby hotels to socialise, for a drink and for music sessions.

Some residents told the inspectors that they loved arts and crafts and there was a good supply of art materials in the house. During the inspection, residents were involved in making decorative picture frames for some of their favourite photographs and they displayed their finished work in the sitting room.

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 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. Communal space consisted of a sitting room and a kitchen which included dining space. All internal doors on the ground floor were fitted with touch pad automatic opening devices. There was also a staff office, a staff bedroom and a large well equipped laundry room, where residents did their own laundry. The washing machine and tumble drier in the laundry were raised to provide greater accessibility.

All bedrooms were for single occupancy and had en suite toilet and showers facilities. They bedrooms viewed 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 assisted bathroom with a specialised bath.

The inspector found the kitchen to be well equipped and maintained in a clean condition.

Residents had access to a large enclosed landscaped garden area. There were suitable arrangements for the disposal of general waste. 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 and behaviours that challenge policy and procedure. 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.

Although the provider and person in charge had identified precautions to prevent a range of potential accidents in the centre, the inspector noted that assessment and controls had not been recorded in relation to the following:

- there was an external balcony adjoining a resident's first floor bedroom
- risk of accidents/falls from some first floor windows
- carbon monoxide poisoning.

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. In addition, staff also carried out weekly checking of the fire alarm panel and escape routes 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. Alternative accommodation for residents had been sourced and was available if a total evacuation was necessary.

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.

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.

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.

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.</p> <p>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.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The residents in this centre lived independent lives with minimal support from staff. However, the inspector found they 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.</p> <p>For example, one resident attended a computer course and was involved in dance therapy classes and art classes. She was also involved in knitting classes in the local area and showed the inspector what she was making at present and a sweater which she had completed.</p> <p>Employment opportunities in the local community had also been organised. Some residents had been working and were currently job seeking. Another did voluntary work at least once each week.</p> <p>Two residents were working with the support of staff to increase their independent use of public transport.</p>

Residents had access to a range of classes such as tai chi, art, music and dance in the resource centre. Some attended the resource centre regularly, while one used it as a drop-in centre and another did not choose to go there at all.

The residents did baking together in the house one evening each week. They told the inspector that they enjoyed baking and made, for example, scones and apple tarts.

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 general practitioner (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 health care issues that required ongoing treatment. However, the inspector found evidence that residents went for consultation with GPs as required.

Residents had access to a range of health professionals including physiotherapy, speech and language therapy, psychology and psychiatry and referrals were made when required. Assessments, referrals and reports from these reviews were recorded in residents' personal files and recommendations were used to guide practice.

For example, one resident had been referred to both a speech and language therapist and a physiotherapist. As a result a personal exercise programme was in place and clear guidance on required food textures and dining supports was supplied. It was noted during the inspection that these recommendations were being implemented.

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, dining, an exercise plan 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. However, some improvement to the discontinuation of medication was required.

Most of the residents in this centre did not require medication, although one resident had recently been prescribed some medication by a GP. 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 all staff had received medication management training.

The inspector reviewed a sample of prescription/administration charts and noted that they generally contained the information required to enable staff to safely administer medications. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There was a colour photograph of the resident available to verify identity if required.

While some of the discontinued prescriptions had been suitably verified by the GP, some however, had not been signed and date. Staff discontinued administering medication from these records, some of which provided unclear guidance.

Judgment:
Substantially Compliant

--

<p>Outcome 13: Statement of Purpose <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There was a statement of purpose in place in accordance with the requirements of the Regulations.</p> <p>The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided. It reflected services and facilities provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep the statement of purpose under review.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There was an effective management structure in place which supported the delivery of safe care and services.</p> <p>The inspector found that the person in charge met the requirements of the Regulations. She had the required experience and had qualifications which were relevant to the role.</p>

During the inspection the person in charge demonstrated knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She knew the care needs of the residents and demonstrated a clear commitment to improving the service offered to these residents.

Staff members stated that the person in charge was supportive and readily available. The person in charge was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service. A documented system of continued performance development was in place.

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 carried out a programme of announced and unannounced visits to 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. Any discrepancies found were addressed by the person in charge.

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 was aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

There were arrangements in place to ensure that the service was suitably managed in 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:

There was evidence of adequate resources to ensure effective delivery of care and support. The houses were adequately furnished and equipped and there were resources to facilitate residents' occupational and social requirements.

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 there was appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate.

Staff were present in the centre to support residents on weekdays from evenings until morning time. Residents required minimal assistance with cooking and personal care and during these times staff provided this support as required.

Residents generally did not require support to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for a walk or to attend social events. Staff accompanied residents for other outings, such as concerts, trips away and appointments.

Separate staff supported the residents while in the resource centre.

A range of staff training was organised and training records indicated that they had received training in fire safety, medication management, safeguarding, first aid and nutrition.

The inspector found that staff had generally been recruited, selected and vetted in accordance with the requirements of the Regulations. The inspector reviewed a sample of staff files and noted that they contained 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 and photographic identification. Gaps in staff employment history were not explained in one file viewed.

Judgment:
Substantially Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

Findings:
The inspector found that 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, accident and incident records, staff recruitment files and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were orderly and suitably stored.

All policies as required by Schedule 5 of the Regulations were available to guide staff.

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-0002681
Date of Inspection:	21 September 2015
Date of response:	02 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 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:

Some risks throughout the centre had not been identified and assessed.

1. 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

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

centre.

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

All risks identified throughout the centre have now been identified and assessed and included in Risk Register Folder in the service.

Proposed Timescale: 22/10/2015

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:

Staff discontinued administering medication from some records, which provided unclear guidance.

2. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Two staff members are to check the medication prescription sheets after any discontinuation of medication, to ensure the medication prescription sheets have been signed and dated.

Proposed Timescale: 22/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Gaps in staff employment history were not explained in one file viewed.

3. 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:

The staff member has now provided an email evidencing this absence, and this has been recorded in their staff file. Additionally all staff files have been reviewed and updated accordingly.

Proposed Timescale: 22/10/2015