### Centre name:
A designated centre for people with disabilities operated by RehabCare

### Centre ID:
OSV-0003468

### 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:
9

### 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**

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<tr>
<td>09 September 2015 10:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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**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, staff members and a relative, 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 and mental health support services.

The dwellings were 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 fire safety controls and other safety measures to promote the safety of residents in place.

There was improvement required to the management of medication and the working hours of the person in charge were not in compliance with the requirements of the Regulations. In addition, some minor improvement to recruitment documentation 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’ rights and dignity were promoted and residents were consulted around the operation of the centre.

Residents told the inspector that they were offered choice in their daily routine and they decided how they liked to spend their free time in the centre. Each resident was supported to pursue different interests and hobbies and staff were provided to facilitate this as required. There was evidence of individualised assessment and personal planning to ensure that residents had opportunities to pursue interests suited to their individual preferences both in the centre, at the resource centre and in the community. The residents in this centre had a high level of independence and needed minimal support with personal care. However, plans of care were in place to guide staff on the level of support required for each resident.

Residents were consulted about how the centre was planned and run in a number of different ways. Residents told the inspector they planned the meals and shopping. Residents also used a communication board in the kitchen to create the shopping list and residents told the inspector that they assisted with grocery shopping. In units occupied by more than one resident, each resident had their own separate food presses which were clearly marked to ensure that each resident could retain his/her own food supply. House meetings were held regularly and the minutes showed that these meetings were used for the purposes of consultation and seeking feedback.

Residents’ religious rights were respected. Some residents chose to go to religious services and this was supported and facilitated by the staff.
Staff members interacted with residents in a very respectful manner. Residents said that their privacy was respected. Residents said no one entered their rooms without permission and they each had locks on their doors.

The inspector reviewed the systems for the management of complaints. An easy-to-read complaints procedure was displayed in the centre which encouraged residents to raise any issues which they might have. There was also a detailed complaints policy to guide staff which identified the person who residents or families could make a complaint to. It also included details of an independent appeals process. There were no active complaints under investigation at the time of inspection.

While most residents retained and managed their own finances staff retained some money or valuables for safekeeping for some residents and this was managed in a clear and transparent manner. All money was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed. Receipts were maintained for all purchases. Residents had secure spaces for storage of personal belongings and valuables.

All residents had access to suitable facilities to carry out their own laundry. There were two laundry rooms in the building, each equipped with a washing machine and tumble drier. There was also a clothes line in the garden.

**Judgment:**
Compliant

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**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:**
There were systems in place to assist and support residents to communicate.

While most residents living in the centre had good communication skills and no specific communication techniques were required, there were processes, such as signage and picture cues, in place to enhance communication with some residents.

An information folder containing a range of relevant data had been developed for each resident and residents kept their folders in their rooms. These folders contained a
variety of information such as copies of the statement of purpose, resident’s guide, charter of rights, contract of care, activity plans and contact details for people important to each resident such as family, friends, the general practitioner (GP), the hairdresser and the dentist.

Information such as the complaints process and the residents guide was available in accessible areas in easily readable format with pictures. Up to date information about daily activity options and staff on duty were displayed in all units.

Residents had access to television, radio, social media and magazines in accordance with their choice and interests. Staff provided information to residents about local events.

**Judgment:**
Compliant

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**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 were supported to develop and maintain positive personal relationships with their family members and links with the wider community.

Staff stated that their friends and families were welcome in the centre and were free to visit although most residents preferred to go out to visit their families. Families were encouraged to participate in the lives of residents and the inspector saw that they were regularly consulted and kept up to date with residents’ health and progress.

Residents and their family members were invited to participate in the development of personal plans at regular meetings and records of these meetings were recorded.

Residents participated in their community in a number of different ways, for example, residents described regular trips to their favourite restaurants, bowling, music events and weekend trips away with support from staff from the centre.

**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.

There had been no recent admission to the centre. However, 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. There were policies and procedures in place to guide the admissions process. 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.

Each resident had a written contract of care in place to deal with the nature and extent of the service to be provided. All residents were charged an agreed rate as per their contract agreement and these contracts were signed and dated by the residents or their representative and the person in charge. The contracts were clear and easy to understand.

**Judgment:**
Compliant

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**Outcome 05: Social Care Needs**

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

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

**Findings:**
The inspector found that each resident’s social wellbeing was maintained with support from staff. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue interests suited to their individual preferences both in the centre and in the community.

All residents had personal plans which contained important information about the residents’ backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident’s individual needs and short and long term life goals and there was evidence of review and participation by residents in the development of their plans. Residents’ personal plans identified social care needs and provided detailed guidance on how to meet these needs.

Residents were involved in a range of activities in the local community and in a local resource services, such as swimming, shopping trips, going out for lunch and coffee, cycling, attending the gym and meeting friends, and residents’ involvement was supported by staff.

**Judgment:**
Compliant

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**Outcome 06: Safe and suitable premises**
*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Services

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

**Findings:**
The design and layout of the centre suited the needs of residents.

The centre comprised of five separate self contained apartments within one two storey building. One of these units was a transitional living unit and was intended to be used for people who were transitioning from supported to independent living in the community. The building was well maintained both internally and externally. The apartments were clean, warm, suitably furnished and comfortable. There was a call bell system serving each apartment by which all residents could call staff at any time. The
first floor of the building could be accessed by both a stairway and a lift. There was a staff office in the lobby of the main building.

Two of the apartments were three-bedroomed and each accommodated three residents. These apartments had comfortable sitting rooms, kitchens and bathrooms. One resident had a one-bedroomed apartment with a separate sitting room/kitchen and a bathroom with a shower, toilet and wash hand basin. One resident occupied a bedsit which incorporated a small kitchen area and had a separate bathroom with a shower, toilet and wash hand basin. The transitional living unit comprised of a sitting room/kitchen and a bedroom with an en suite shower, toilet and wash hand basin. The bedrooms were well furnished and decorated in accordance with residents’ preferences and had adequate storage space for residents’ personal belonging.

There were arrangements in place for the safe disposal of domestic waste. There was no clinical waste being generated. The provider had arranged a contract for the removal of domestic waste by a private contractor. All bins were covered and were stored to the rear of the building.

The inspector found the kitchens to be well equipped and clean. There were supplies of foods available in accordance with each resident’s taste.

Residents had access to the outdoors. As the building was a no-smoking area there was a sheltered seating area outside where residents could smoke.

The building was situated in a central area close to a range of amenities which residents could access on foot.

**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:**
The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff in the centre.

There was a safety statement, risk management policy available to guide staff. The
policy was linked with a risk register which identified a range of potential risks associated with the centre and their control measures.

The risk management procedure contained links to policies providing guidance of the risks specifically mentioned in the regulations such as unexplained absence, self harm and accidental injury. There were arrangements in place for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. These arrangement were included in the risk management policy and were implemented in practice.

The inspector found that the centre was generally safe and no significant risks were noted during the inspection. Although there had been a low number of accidents and incidents, these were clearly recorded in accordance with the guidance of the risk management policy and they were reviewed for the purpose of learning and improvement of service. In addition, there were satisfactory procedures in place for the prevention and control of infection. The risk policy/register contained guidance on good infection control procedures. The building and the surrounding grounds were found to be maintained in a clean and hygienic condition throughout.

Additional personal risk assessments had been prepared individually for each resident.

The inspector reviewed fire safety policies and procedures. There were up to date servicing records for all fire fighting equipment, fire alarms, emergency lighting and the central heating boiler. Internal checks of fire safety systems were in place, such as, weekly checking of the fire alarm panel, escape routes, emergency lighting, fire extinguishers and fire blankets and monthly checks of fire extinguishers, fire doors and hose reels and these checks were being recorded. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

The person in charge had also taken measures to increase fire safety awareness among residents. Quarterly fire evacuation drills took place involving residents and staff, including one night time evacuation each year. Records of all fire drills were maintained which included the time taken and comments recorded for learning. Residents who spoke with the inspector were clear on what action they would take if they heard the fire alarm.

The person in charge stated that all staff had received up to date training in fire safety. Staff who spoke with the inspector were very clear on what actions they would take in the event of a fire and confirmed that they had received fire safety training. Records of fire safety training were viewed on a sample of staff files that the inspector read.

Satisfactory procedures were in place for the prevention and control of infection. Residents took responsibility for their own housekeeping with the support of staff. The buildings were maintained in a clean and hygienic condition. Hand sanitizers were available for use by residents, staff and visitors. There was an infection control policy in place and staff had received training in infection control and hand hygiene. There was no record of infections having occurred in the centre.
Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The inspector found that 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 there was 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. They also stated that they were familiar with the policy and could access it if required.

There was a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies.

One resident used bed rails by choice but was able to release the rails and was free to get out of bed independently at any time. There were no other residents using bed rails. Environmental restraint was used to protect the safety of a resident and this was being suitably managed. This use had been assessed by the person in charge and a multidisciplinary team, was being recorded and was being kept under frequent review.

Staff retained some money or valuables for safekeeping for some residents and this was managed in a clear and transparent manner. All money was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed. Receipts were maintained for all purchases.
### 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. All required incidents and quarterly returns had been notified to the Chief Inspector.

The inspector reviewed the incident records and noted that comprehensive details of all incidents, how they were managed and preventive measures identified were maintained. There had been a low number of incidents recorded.

**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:**
Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills.

Residents were involved in routine household chores, such as baking, housekeeping and grocery shopping. There were a range of development opportunities available to residents which mainly took place through a rehabilitation training scheme with a focus
on brain injury rehabilitation. For example, this scheme had provided training in brain injury awareness and computer skills to some residents.

Other training and groups which residents were involved in included a photography course, gym membership and attending a weight loss club. One resident had been studying marine biology and another had just completed a Junior Cert course. One resident had a car and travelled independently and another was taking driving lessons. A resident who enjoyed gardening volunteered in an open garden twice each week.

All residents had access to email, Skype, social media and search engine sites and some had their own computers.

**Judgment:**
Compliant

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**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 met and they had access to appropriate medical and health care services. All residents had access to GP services in the local area. Arrangement for residents to meet with other health care professionals were made as required. There was recorded evidence that residents were reviewed by GPs, the community health nurse and psychology and psychiatry services as required.

The person in charge was particularly focussed on ensuring that all residents were encouraged to eat healthy balanced diets and partake in exercise plans. Staff supported residents to participate in some regular light exercises such as taking walks, swimming and cycling.

The inspector found that the person in charge was conscious of residents’ nutritional needs. Although residents had a high level of independence around choosing and preparing their own foods, staff were mindful of nutritional issues and arranged support as required. For example, one resident who had gained some extra weight was supported to join and attend a weight loss group and a resident who had lost weight was referred for suitable medical review and a nutritional support plan was being implemented.

Each resident had identified important people in their lives such as families, friends and
key workers. These groups met annually to discuss and plan around issues relevant to the resident’s life and wellbeing. The inspector found that there was multi-disciplinary input in the care of residents provided by social care workers, the psychiatrist and behavioural support team as needed.

**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:**
The inspector noted that the policies and procedures for medication management were generally safe, although some improvement was required to the administration of medication.

There was a comprehensive medication management policy guiding practice. Staff on duty told the inspector that only staff who had completed medication management training administered medications. Staff who spoke with the inspector were knowledgeable regarding medication management policies and practices.

The inspector reviewed a sample of prescription/administration charts and noted that they contained all the information required to enable staff to safely administer medications. All medications were individually prescribed. The inspector noted that the maximum dosage of PRN medications was prescribed and all medications were regularly reviewed by the GP.

There were no residents prescribed controlled drugs at the time of inspection.

However, some aspects of administration and discontinuing of medication were not clear and required improvement. There were some gaps noted in records of administration of medication and staff had not consistently recorded a comment to explain these gaps. Therefore it was not clear in some instances whether residents’ medication had been administered or not.

In addition, while some discontinued prescriptions had been suitably verified by the GP, some had not been signed and dated. Staff discontinued administering medication from these records, some of which provided unclear guidance. These issues presented a risk of medication error.
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| **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. |
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| **Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority. |
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| **Findings:**  
The inspector reviewed the statement of purpose and noted that it accurately described the services provided in the designated centre and met the requirements of the Regulations. |
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Copies of the statement of purpose had been supplied to residents and their relatives.

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| **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. |
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| **Outstanding requirement(s) from previous inspection(s):**  
This was the centre’s first inspection by the Authority. |
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| **Findings:**  
There was an effective management structure in place which supported the delivery of safe care and services. However, the role of the person in charge was not full time as required by the Regulations. |
|---|---|
The inspector found that the person in charge had the appropriate experience and qualifications for the role. She had extensive qualification and experience in the areas of acquired brain injury, rehabilitation, psychology and management.

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. A senior social care leader deputised for the short term absence of the person in charge and there was also an arrangement for the cover of long term absence. There was an on-call out of hours rota system in place.

The role of the person in charge, however, was not full time as required by the Regulations, as the person in charge worked slightly less than the hours of one whole time equivalent. However, there was no evidence that the hours worked by the person in charge impacted on the management of the service or quality of the care delivered to residents. The management team were aware of this deficit and were exploring ways to address it.

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 informal 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:
Non Compliant - Major

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

Findings:
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

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.

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 inspector found that there were sufficient resources to support residents achieve their individual personal plans.

The centre was maintained to a good standard inside and out, the apartments were adequately furnished and equipped and maintenance requests were addressed promptly. 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 for the days of inspection.

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 shopping or for coffee, visiting the hairdresser, going for a walk or to attend social events. Staff were present in the centre at night time. Separate staff supported the residents while in the resource centre.

A range of staff training was organised. Staff training records indicated and staff who spoke with the inspector stated that they had received training in fire safety, medication management, manual handling, safeguarding, management of behaviour that is challenging, first aid and acquired brain injury assessment.

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. However, 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 neat, clear, 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 report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003468</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>08 September 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>11 November 2015</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 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 had not consistently recorded a comment to explain gaps in administration of medication and it was not clear in some instances if residents' medication had been administered or not.

Staff discontinued administering medication from some records, which provided unclear...
1. **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 that the medication prescription sheets has been signed and dated by the GP.
Staff are to clearly identify on the medication prescription sheets when a service user is away from the service, and this is to be checked weekly by a team leader.
Service user names and addresses are now always written on the medication prescription sheets.

**Proposed Timescale:** 19/10/2015

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The role of the person in charge was not work full time as required by the Regulations.

2. **Action Required:**
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

**Please state the actions you have taken or are planning to take:**
Arrangements have been made that the post is now full time. The arrangement includes the hours of the actual Person in Charge of the service and additional cover by another Person in Charge in the Galway services.

**Proposed Timescale:** 16/11/2015

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**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 a letter evidencing this absence, and this has been recorded in their staff file. Additionally all staff files have been reviewed and updated accordingly.

Proposed Timescale: 20/11/2015