

**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-0002653
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Rachael Thurlby
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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 January 2016 09:30	21 January 2016 18:30
22 January 2016 09:15	22 January 2016 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 inspection was the second inspection of the centre by the Authority. The previous inspection findings were positive; of the seven outcomes reviewed at that time the provider was judged to be compliant with the requirements of four and substantially compliant with the remaining three.

The person in charge was absent on leave and this inspection was facilitated by the persons participating in the management of the service (PPIM); the acting person in charge and the team leader. The inspector also met with all of the frontline staff and the nominated registered provider, the director of operations for the organisation.

A significant amount of good practice was again evidenced on this inspection.

The location, design and layout of the premises were suited to its stated purpose; the required documentation was in place.

Based on her observations, records reviewed, staff spoken with and discussion with the residents over the two days, the inspector was satisfied that residents were collaboratively supported by staff to enjoy full and active lives. Residents were comfortable in their environment, with staff, with the inspector and the inspection process. It was evident that while supported as appropriate to their needs, residents enjoyed independence, choice and control and achieved their desired personal objectives. Residents were informed and engaged and confirmed satisfaction in their personal, family and social relationships. Residents were also invited by The Authority to complete questionnaires and the feedback received in these echoed the positive feedback given directly to the inspector. There was no vacancy in the centre, however one resident was on home leave at the time of the inspection.

However, regulatory failings and areas where improvement was required were identified. Staff understood how failings had occurred and were open to improvement so as to enhance the solid base of good practice that was evidenced.

For example the centre had still not had an unannounced visit from the provider so as to monitor the quality and safety of the supports and services provided. The supports provided to some residents would have benefited from stronger evidence of multi-disciplinary input.

Of the full eighteen outcomes inspected the provider was judged to be compliant with ten and in substantial compliance with two. The provider was judged to be in moderate non-compliance with the remaining six.

The findings to support these judgements are discussed in the body of the report; the failings to be addressed are listed in the action plan at the end 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):

No actions were required from the previous inspection.

Findings:

Based on the records seen, discussions with residents and staff and observation of the residents as they went about their daily lives and interacted with staff, the inspector was satisfied that the residents and their quality of life was the focus of this service.

Residents were seen to eagerly leave for their respective day service but were equally happy to return to the house in the evening. They were observed to be on first name terms with the staff, comfortable in their interactions with them and spoke openly and freely to the inspector in the presence of staff about staff. Equally all staff spoken with spoke respectfully of residents and their strengths and ability rather than their disability.

Residents were seen to enjoy a good level of choice and control over their daily routines, their personal space and their preferred social activities. Staffing resources were arranged so as to support individual and differing choices.

Two residents attended the monthly advocacy meetings convened for residents; staff supported residents to attend but did not themselves sit in on the meetings; minutes were however circulated to each centre. Staff described the advocacy forum as operating at a "high level" where residents discussed both local and national issues of concern to them. One resident was currently undertaking a third level programme on advocacy.

Staff said that all residents liked to attend mass but evening mass was sometimes attended so that residents could have a "lie-in" if they wished after a busy week in the resource centre.

All residents were registered to vote and exercised their vote either at home or at the local polling station. Residents were aware of the proposed upcoming election and clear on their political preferences.

Residents spoke of their ongoing family contact including trips home and how staff provided the transport for this if necessary. Staff also maintained a log of family contact.

Residents spoke of their enjoyment of the company of the "family" cat when they returned to the house in the evening and how staff supported the presence of the cat and maintained its health and well-being.

Residents were seen to engage on an ongoing basis with staff for example while preparing meals or waiting for transportation but weekly house meetings were also convened and recorded; both residents and staff signed off on the minutes. The timing of the meetings was flexible to accommodate planned activities or home visits. The minutes seen indicated that on a routine basis the meetings dealt with the routines of the house such as planning meals and activities. However on a regular basis more substantive issues were included for discussion such as fire safety, first aid, complaints, voting and an update on the progress of personal plans.

Staff were aware of the provider's complaints policy and procedure; it was also available in a format that was accessible to residents. Staff believed that residents did not have occasion to complain given the level of consultation and choice they enjoyed in the house on a daily basis. Staff did maintain a complaints log and one complaint was recorded as received in late 2015; staff described this complaint and the actions they took to resolve the matter. However, the details of the actions taken by staff, feedback provided to the complainant and whether the complainant was satisfied or not were not recorded in the complaints log.

Staff supported residents to understand and manage their personal finances. Staff were seen to maintain a financial record for each resident. Transactions including lodgements and debits were recorded as was the purpose of the transaction; receipts seen by the inspector were signed by both staff and the resident. However, while each key worker undertook a daily balance check of the ledger, staff confirmed that there was no other check completed by another staff member such as the PPIM or the person in charge to ensure transparency and accountability. An acknowledgement or receipt for monies paid by residents in respect of accommodation and services provided was not available in the centre.

There was evidence of correspondence between staff and the Office of Wards of Court. Staff did not however have a copy of the original court order and there was consequently some evidence that staff did not fully understand the administration of the wardship process.

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):

No actions were required from the previous inspection.

Findings:

Staff reported that residents had good communication skills and did not require the support of augmentative communication strategies or assistive devices. This concurred with the observations and experience of the inspector as residents were seen to communicate effectively with staff and with the inspector, to express themselves, their beliefs and ideas. There was evidence that staff listened to and respected the choices made by residents. Residents had access to media; some had expressed a desire to further their computer skills and residents confirmed that this was being facilitated.

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):

No actions were required from the previous inspection.

Findings:

On speaking with residents it was evident that what was of personal importance to them was their quality of life and their achievements, their relationship with staff and family. Residents spoke of planned visits home, the well-being of family members and the relationships they enjoyed with siblings. It was clear to the inspector that residents lived fulfilling lives, enjoyed a strong sense of belonging and were supported and facilitated by staff to maintain family and personal relationships.

As discussed later in Outcome 10 residents were seen to engage in a broad range of social activities many of which were based in the local community. The inspector saw that the routine of the centre was based around attendance at events like music lessons, the gym or the cinema. Residents were seen to request of staff to make

appointments for them as they planned for the weekend. Residents confirmed that they had access in the local community to employment, work experience and volunteering.

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):

No actions were required from the previous inspection.

Findings:

As outlined in the statement of purpose and function there was a policy and procedure governing all admissions to the centre; residents were referred through the statutory body and a forum at which all local service providers were represented.

There was a detailed contract for the provision of services and supports to residents; the contract outlined the fees to be charged for services provided such as accommodation and utilities. Contracts were seen to be signed by the resident and/or their representative and a representative of the provider.

However, a contract was not available for one resident.

Judgment:

Non Compliant - Moderate

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Each resident had a personal plan. This plan was based on an assessment of each resident, the supports that they required based on this assessment and their agreed goals and objectives as ascertained with them through their person centred plan. Each plan however presented as an integrated holistic record and was consistent with other records seen by the inspector such as medical records and the minutes of the residents' house meetings. The inspector was satisfied that the plans were meaningful and working records as each resident on discussion with them described to the inspector exactly what was in their personal plan.

The format of the plans had been amended since the last inspection to enhance their meaningfulness and accessibility to the resident. The inspector saw photographic evidence, graphic support and written evidence of the resident's participation. Formal records of the review by the resident and their key worker of each plan and the progression of desired objectives were maintained. Agreed goals and objectives, timeframes and responsible persons were clearly presented. It was evident from each plan that the overall objective was positive outcomes for the resident be that health and well-being, meaningful occupation, maintaining existing skills or acquiring new skills and enjoying new experiences.

Staff said that the annual reviews of the person centred plans were due. Residents themselves were aware of this; one resident very kindly asked the inspector if she would like to be present at his review.

However, what was not clear from the records seen was the multidisciplinary nature of the annual review particularly where there was known multi-disciplinary input and also where staff had identified a need for and had previously requested multidisciplinary review.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the premises were suited to its stated purpose and the number and needs of the residents living there. The premises were located in close proximity to all of the local amenities enjoyed by the residents. The premises were well maintained, comfortable and homely in presentation.

Each resident had their own bedroom that they had clearly established ownership of and personalised. Five of the bedrooms were located in the main house, one on the ground floor; four of the bedrooms had en-suite sanitary facilities. There was a further fully equipped bathroom on the first floor in close proximity to the bedrooms.

The kitchen was pleasant and suitably equipped and encompassed sufficient dining space for the number of residents living in the centre. A separate pleasant communal room was provided.

Adequate facilities were in place to support residents in managing their personal laundry.

Storage including personal storage was not seen to present any difficulties.

Part of the centre consisted of a self contained annex with bedroom, bathroom, communal, kitchen and dining area. This served as a transitional arrangement that offered residents the opportunity to experience enhanced independence while still affording residents the security of a staff presence as and if required.

Residents did not have any requirement for specific equipment but handrails and grab-rails were in place in the ground floor bathroom and residents also had access in each bedroom to a staff call system; staff said that this was very rarely required.

Residents had access to a spacious rear garden.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector saw both organisational and centre specific safety statements that were signed as read and understood by staff. The most recent version of the safety statement was in place as required by the finding of the audit completed by the provider in December 2015.

The safety statement included the procedures for the identification and assessment of risks and the recording, reporting and investigation of accidents, incidents and adverse events.

The inspector reviewed the local risk management folder; this included the risks as specifically required by Regulation 26 (1) (c) as well as a broad range of risk assessments specific to the centre and as they applied to individual residents. The risk assessments seen were detailed; set out the controls in place and responsible persons for their implementation.

The provider had a centre specific business continuity plan that set out for staff the actions to be taken in defined emergency situations; the plan included alternative accommodation for residents if required and emergency telephone contacts.

The inspector saw that emergency lighting and an automated fire detection system were in place. Both diagrammatic and fire action notices were displayed.

Fire fighting equipment was prominently positioned and there appeared to be evidence of fire doors. Fire escape routes were clearly indicated and final fastenings had been replaced with "thumb-turn" devices based on learning from simulated fire drills.

Fire related records were maintained in the fire fact file. The inspector saw certificates confirming that the fire detection and fire fighting equipment and the emergency lighting were inspected and tested at the prescribed intervals and most recently in October, February and December 2015 respectively. There were clear guidelines for staff on the periodic inspection of fire safety measures; staff maintained records of their completion as prescribed.

Training records indicated that staff were provided with fire safety training on an annual basis; staff spoken with confirmed their attendance at training.

Each resident had a current personal emergency evacuation plan and had also in April 2015 participated in fire safety training. Simulated fire drills were convened on a quarterly basis; records of these indicated that good and adequate evacuation times were achieved.

Staff completed a weekly visual safety check of the available transportation. There was a central transport department that co-ordinated the maintenance and servicing of the vehicle but staff spoken with confirmed they could request maintenance of the vehicle as and when required.

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):

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from harm and abuse. These measures included organisational and national policies and procedures, designated persons, risk assessments, staff training and education for residents on self-protection. Staff said that there had been no incident of alleged, suspected or reported abuse.

Training records indicated and staff spoken with confirmed that they had attended education and training on both safeguarding and responding to behaviours that challenged in 2014 and 2015.

The inspector saw that at regular intervals staff discussed with residents keeping safe, respect and dignity and how to make a complaint; some residents had also completed accredited education on well-being and self-care. The inspector was satisfied that residents were relaxed and confident with staff and residents provided positive spontaneous feedback to the inspector on what it was like to live in the centre.

There were no reported restrictive practices and none were observed. Residents were seen to enjoy a good level of freedom and independence in the house and in their routines.

Staff said that there were no behaviours that challenged to the extent that they required a management plan.

Staff had identified a particular situation within the house and actions to alleviate it. However, based on the inspectors own observations and information made available to the inspector on inspection, the inspector was satisfied that this situation required further review to ensure that;

- behaviours that challenged were clearly identified as such
- behaviours that challenged other residents or staff were clearly logged
- all possible antecedents to behaviours were explored including physical well-being or medications prescribed on a long-term basis
- reviews were clearly multi-disciplinary

- the impact of behaviours on other residents was acknowledged and when and if necessary a safeguarding plan was put in place to ensure that each resident's dignity and sense of self-worth was at all times protected.

The above was discussed in detail with staff as was the information available to the inspector.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There were policies in place for the identification, recording, investigation and learning from accidents and incidents. Staff reported a low incidence of such events and this would concur with records seen including accident and incident records and resident's support plans.

However, one accident further to which a resident required medical/hospital treatment had not been notified to the Chief Inspector as required. The inspector was satisfied that staff did respond appropriately to the accident and had secured the required care and treatment including aftercare for the resident.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There was consistent evidence confirmed by residents that staff supported and facilitated residents to live full lives as independently as possible based on their own expressed wishes and choices. Over the two days of inspection the inspector saw that each resident had a full and active schedule that included attendance at the resource centre or their place of work, participation in the organisation of the house and social engagement. Residents knew exactly how their day was planned and were also seen to make further plans with staff. Some activities were shared but the individuality of each resident was also respected. The concepts of enjoyment, success, growth and development were evident and the programme was informed by and reflected each resident's person centred plan.

The range of opportunities and experiences afforded to residents included fulltime and part-time employment, work experience, volunteering in the local community, accredited education programmes, computer skills, sports and music lessons. Staff were clear that residents choose their preferred activity and whether they wished to continue or not. Residents confirmed this and articulated to the inspector control and enjoyment of their individual planner. Residents spoke with fond recollection of holidays, trips to see their favourite soccer or football team play or a music concert by a favoured artist, all of which they had identified as wanting to achieve through their personal planning process.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector was satisfied that staff supported residents to maintain their health and wellbeing and provided residents with the information and supports necessary to make healthy living choices.

Records were maintained of each resident's health status, any known health related issues that required monitoring and/or intervention and the actions taken to this effect.

Residents attended the General Practitioner (GP) of their choosing and staff liaised with five different GPs. Families also supported residents as appropriate. The monitoring of

well-being was, based on the records seen, largely undertaken by the GP and their affiliated nursing service and included monitoring of vital signs such as blood pressure, routine urinalysis and blood profiling. Staff maintained a record of all consultations and recommendations and were provided with the results of any investigations undertaken.

As appropriate to their needs residents had access to other healthcare professionals and services including psychiatry, dentistry, chiropody and optical review.

There was a health promoting ethos to care; residents were seen to participate in national health screening programmes with their consent and had access to annual influenza vaccination. On a daily basis residents were seen to make informed healthy choices in relation to their diet and exercise routines. Residents were seen to participate in both the selection and preparation of the daily main meal, their breakfast and packed lunch. A good supply of fresh produce including meat, vegetables and fruit was in stock.

However, two recently recruited staff were not fully aware of all of the health requirements of one resident. The inspector identified no deficits in documentation, care or practice as a consequence of this but the potential risk was discussed in detail at verbal feedback.

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):

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place governing medication management practice. Staff had completed both recent medication management training and a medication management competency assessment.

The inspector saw that there were secure arrangements for the storage of medications and that staff implemented procedures to enhance the safety of procedures; these included a daily stock balance check of each medication and signed verified records of both the supply and return of medications to and from the centre.

No resident was managing their own medication regime and this was seen by the inspector to be informed by a formal assessment that was reviewed annually. However, on discussion with staff, staff did agree that further action could be taken by them to

enhance resident involvement such as including the resident in the collection of their medications from the pharmacy.

There was a reported low incidence of medication related errors including any dispensing or supply errors.

Each resident had a well maintained medication management folder.

Medication administration records were seen to be clearly maintained by staff and this record was seen to correspond with the prescription record.

Staff confirmed that no resident required their medication to be administered in an altered format (crushed) and no medications requiring stricter controls were in use. Opening dates were seen on medications that required disposing of within a specified timeframe. Staff had no remit to administer any medications other than those prescribed. The daily maximum dosage of PRN (as required) medications was clearly stated.

However, some findings did have the potential to create risk and required review, these included;

- one prescription rather than being rewritten had overwritten alterations made to it as to the frequency of administration of medications
- discrepancies were noted between the prescription and the label issued by the pharmacy for two medications. One discrepancy related to the administration time while the other related to the format of the medication supplied
- both trade names and generic names were in use
- one prescribed medication administered to a resident outside of the centre was not included on the centres prescription record. Staff were aware of this medication and the prescribed frequency and it was referenced in other records seen. However, staff could not confirm if its prescription was known to persons who supplied all other required medications. There was also the potential for risk in the event of a prescriber not known to the resident making additions to the medication regime based only on the information available on the prescription record.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Some minor amendments and clarifications were required to the Statement of Purpose submitted with the application for registration. The amendments were completed during the inspection; the revised Statement of Purpose satisfied regulatory requirements and was an accurate reflection of the service.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a clear management structure in place consisting of the team leader (PPIM), the person in charge and the regional manager. All staff spoken with were clear on their respective roles, responsibilities and reporting relationships. The inspector was satisfied that all persons involved in the management of the centre demonstrated accountability for the service and the residents, a commitment to regulatory compliance, ongoing improvement and positive outcomes for residents. Based on these inspection findings the inspector was satisfied that the centre was on a day-to-day basis effectively governed.

The person in charge was on leave but an acting person in charge had been appointed. The acting person in charge was suitably qualified in the provision of social care services, was employed full-time and had established experience in the organisation, in the provision of supports to residents and in the supervision of staff. The acting person in charge was known to the residents given her involvement in the management of their resource centre. The person in charge was supported in that role by the team leader who was recently recruited to that role and was the nominated PPIM. The inspector was satisfied that the PPIM had a solid understanding of the PPIM role, regulatory requirements, understood the process of inspection and the provision of safe quality care and supports to residents.

Staff had ready access as required to the regional manager and opportunities for discussion, learning and peer support were facilitated through monthly regional management meetings.

Staff confirmed that there was an on call out of hour's manager available within the wider organisation; the rota was readily available to staff and seen by the inspector. The person in charge confirmed that her on-call duty was once a quarter and did not impact on her substantive role.

There was evidence that on a day to day basis the quality and safety of the care and services provided to residents was monitored through consultation with residents and relatives, the review of support plans and staff meetings. A health and safety audit had been completed in December 2015 with evidence of action taken based on its findings.

Resident satisfaction with the services and supports provided to them was evaluated both locally and nationally by the provider with feedback provided to each centre. The satisfaction survey report indicated high satisfaction ratings in core areas such as safety, respect, transport, positive relationships and community integration. This would concur with these inspection findings.

However, the acting person in charge confirmed that there had not been an annual review of the quality and safety of care and support in the centre in 2015 as required by Regulation 23 (1) (d). There had never been an unannounced visit to the centre to determine the safety and quality of care and supports and as required by Regulation 23 (2) (a) and (b).

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The provider was aware of its notification requirements to the Chief Inspector, had submitted the required notifications and had put suitable alternative arrangements in place for the governance of the centre in the planned 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):

No actions were required from the previous inspection.

Findings:

Based on these inspection findings the inspector was reassured that the centre was adequately resourced; staff spoken with confirmed this.

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):

No actions were required from the previous inspection.

Findings:

There was a planned staff rota and evidence that staffing was arranged to facilitate resident's needs, choices and activities. Ordinarily there was one staff rostered to the house between the hours of 16:00hrs and 10:00hrs (this included the sleepover duty). The person in charge confirmed that additional staffing hours were then allocated in line with planned activities or in the event that any particular resident required additional supports. The inspector observed these additional staffing supports; there was no evidence that the staffing arrangements including the sleepover arrangement was not suited to the needs of the residents.

Staff files were made available for the purposes of inspection. Two files did not have

photographic identification in a format that was sufficient to verify identity; this was however rectified prior to the conclusion of the inspection and staff files were therefore accepted as compliant.

The acting person in charge confirmed that there was some limited use of relief and agency staff. A service level agreement was in place that outlined the responsibilities of both the provider and the agency in areas such as the recruitment and vetting of staff.

Training records were maintained and indicated that staff mandatory training requirements in fire, protection, manual and people handling and the management of behaviours that challenged were met. Further training completed by staff reflected the requirements of residents and staff roles and included medication management (including the administration of specific medications), first aid, epilepsy awareness, risk management and report writing.

Staff said that familiarisation with the regulations and standards was facilitated through staff meetings.

There was a reported low-turnover of staff and formal systems were in place for the periodic supervision and development of staff.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Overall the inspector was satisfied that 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 were in place and were retrieved as requested by the inspector.

There was documentary evidence that the provider had appropriate insurance in place.

There were policies that satisfied regulatory requirements and reflected the centre's practice.

The residents guide satisfied regulatory requirements and was available in a format that enhanced its accessibility and usefulness to residents. The residents guide was available in the kitchen.

A directory of residents was maintained. However, it did not include all of the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary Moore
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-0002653
Date of Inspection:	21 January 2016 & 22 January 2016
Date of response:	16 February 2016

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

Each key worker undertook a daily balance check of the ledger, however, staff confirmed that there was no other check completed by another staff member such as the PPIM or the person in charge to ensure transparency and accountability.

An acknowledgement or receipt for monies paid by residents in respect of

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

accommodation and services provided was not available in the centre.

Staff did not have a copy of the original court order and there was consequently some evidence that staff did not fully understand the administration of the wardship process.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

1. The PIC will reconcile all finances monthly and document findings in the residents financial records.

2. A statement in respect of monies paid for accommodation services and services has been sought for each resident and on receipt will be placed on their file.

3. A copy of the original court order has been requested and once obtained the PIC will ensure all staff supporting the resident in question will work in accordance with the wardship.

Proposed Timescale:

1. Completion date 31.01.2016 and monthly thereafter.

2. Completion date 29.02.2016 and monthly thereafter.

3. Completion date 12.02.2016.

Proposed Timescale: 29/02/2016

Theme: Individualised Supports and Care

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

Details of the actions taken by staff, feedback provided to the complainant and whether the complainant was satisfied or not were not recorded in the complaints log.

2. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

A complaints log has been put in place to include a complete follow through of each complaint. All staff will be given instruction on how to complete the log.

Proposed Timescale: 24/01/2016

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:

A contract was not available for one resident.

3. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The PIC will place a copy of the contract of care for each resident in their main file.

Proposed Timescale: 01/02/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

What was not clear from the records seen was the multidisciplinary nature of the annual review particularly where there was known multi-disciplinary input and also where staff had identified a need for and had previously requested multidisciplinary review.

4. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

1. The PIC will schedule MDT case reviews for all residents.

Proposed Timescale: 11/03/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Based on the inspectors own observations and information made available to the

inspector on inspection, the inspector was satisfied that a situation within the house required further review to ensure that;

- behaviours that challenged were clearly identified as such
- behaviours that challenged other residents or staff were clearly logged
- all possible antecedents to behaviours were explored including physical well-being or medications prescribed on a long-term basis
- reviews were clearly multi-disciplinary
- the impact of behaviours on other residents was acknowledged and when and if necessary a safeguarding plan was put in place to ensure that each resident's dignity and sense of self-worth was at all times protected.

5. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

1. The PIC has scheduled an appointment with the relevant professional for any resident who requires support with managing behaviours that challenge in order to explore possible triggers for any behaviour.
2. Behaviour Management Guidelines are currently being developed for any resident who may require them.
3. An appointment has been made for each resident with their GP to have a medication review and health check up.

Proposed Timescale:

1. Completion date due 20.03.2016
2. Completion date 11.02.1016
3. Completion date due 18.02.2016

Proposed Timescale: 20/03/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

One accident further to which a resident required medical/hospital treatment had not been notified to the Chief Inspector as required.

6. Action Required:

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

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

An NF03 was submitted to HIQA in relation to the identified accident and the PIC will continue to monitor the service and report any notifiable events to the appropriate

authority.

Proposed Timescale: 25/01/2016

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:

- one prescription rather than being rewritten had overwritten alterations made to it as to the frequency of administration of medications
- discrepancies were noted between the prescription and the label issued by the pharmacy for two medications. One discrepancy related to the administration time while the other related to the format of the medication supplied
- both trade names and generic names were in use
- one prescribed medication administered to a resident outside of the centre was not included on the centres prescription record. Staff could not confirm if its prescription was known to persons who supplied all other required medications. There was also the potential for risk in the event of a prescriber not known to the resident making additions to the medication regime based only on the information available on the prescription record.

7. Action Required:

Under Regulation 29 (2) you are required to: Facilitate a pharmacist in meeting his or her obligations to the resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland and provide appropriate support for the resident if required, in his/her dealings with the pharmacist.

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

1. One prescription Kardex has been rewritten by the resident's GP.
2. The correct time was entered on the relevant medication label by the pharmacy following consultation with the resident's GP.
3. All medication shall be checked into the service by 2 people where possible.
4. The PIC will request trade names only of medications and in the absence of this the pharmacy will be requested to ensure both names appear on the label.
5. Details pertaining to all medication administered to residents will be clearly outlined in the residents kardex.

Proposed Timescale:

1. Completion date 01.02.2016
2. Completion date 01.02.2016
3. Completion date 01.02.2016
4. Completion date 28.02.2016

Proposed Timescale: 28/02/2016

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:

An annual review for 2015 had not been undertaken.

8. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The PIC has scheduled an Announced Annual Review of the service for 24.02.2016.

Proposed Timescale: 31/03/2016

Theme: Leadership, Governance and Management

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

The provider had never undertaken an unannounced visit to the centre.

9. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

An unannounced visit was carried out to the service on 28.01.2016 and an action plan developed.

Proposed Timescale: 28/01/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The directory of residents did not contain all of the required information.

10. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes

the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

1. A directory of residents containing all information as set out in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 has been put in place by the PIC.

Proposed Timescale: 28/01/2016