**Health Information and Quality Authority**
**Regulation Directorate**

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

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| **Centre name:** | A designated centre for people with disabilities operated by RehabCare |
| **Centre ID:** | OSV-0005310 |
| **Centre county:** | Monaghan |
| **Type of centre:** | Health Act 2004 Section 39 Assistance |
| **Registered provider:** | RehabCare |
| **Provider Nominee:** | Michael O'Connor |
| **Lead inspector:** | Sonia McCague |
| **Support inspector(s):** | Caroline Vahey |
| **Type of inspection** | Announced |
| **Number of residents on the date of inspection:** | 0 |
| **Number of vacancies on the date of inspection:** | 4 |

## 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 1 day(s).

**The inspection took place over the following dates and times**

| From: | To: |
|---|---|
| 13 October 2015 09:30 | 13 October 2015 16:30 |
| 14 October 2015 09:00 | 14 October 2015 13:30 |

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

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

**Summary of findings from this inspection**

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

The purpose of this inspection was to inform a decision of registration under the Health Act 2007 following an application to register the centre as a centre for four adults with a disability.

The centre consisted of a detached two-storey house that can accommodate four residents. Both male and female residents are to be accommodated. Suitable and sufficient facilities, management structures and resources, and guidance documents

were available to support the operation of the centre.

A core staffing roster plan was available to confirm staffing support over a 24-hour basis. However, improvements were required in relation to the arrangement of shifts and periods of rest between shifts. There were no staff working at the centre and there were no residents living in the centre, which was awaiting a registration decision by the Chief Inspector.

The residential services manager as person in charge facilitated the inspection and participated in fit person interview as part of a registration process. The provider nominee was previously interviewed in relation to other designated centres operated by the registered provider.

Overall, the inspectors found, when some written policies and procedures are reviewed and appropriate staffing arrangements are implemented, the care support will consistently and sufficiently provide a quality service to meet residents' assessed needs and wishes.

All proposals presented prior to, during and following this inspection, will be verified and followed up by an inspection when the centre is registered and occupied by residents.

The premises along with documents, care-plan templates, policies and proposed plans were reviewed and discussed with the residential services manager. The overall findings are presented in the body of this report. Some areas for improvement highlighted on inspection were progressed during the inspection.

While the centre was found in most outcomes to be in substantial compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, and the National Standards for Residential Services for Children and Adults with Disabilities, further improvements were required in relation to staff roster arrangements of lengthy shift durations and without adequate rest and or break periods between working shifts, and in relation to the Statement of purpose, which are discussed in the body of this report and outlined within the action plans at the end for response.

A recommendation for registration will be dependent on the provider and person in charge’s response to the action plan.

**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 inspectors found that arrangements were in place to ensure the rights, privacy and dignity of residents will be promoted and residents' choice encouraged.

Policies and procedures were in place to promote or ensure residents are consulted with, and participate in, decisions about their care and about the organisation of this centre.

Access to advocacy services and information about residents' rights was to form part of the support services to be made available to each resident. The identity and contact detail of advocates would be available to residents within the centre and in the residents guide.

Arrangements were in place to promote and respect residents' privacy and dignity, including receiving visitors in private. Resident meetings were to form part of the arrangements for consultation and decision-making processes.

Procedures and arrangements were in place and described by the person in charge to enable residents to exercise choice and control over their lives in accordance with their preferences and to maximise their independence.

A complaints policy was in place. The complaints procedure was displayed at the entrance to the centre and an easy-to-read version was also available. A dedicated log book for recording complaints was present.

**Judgment:**
Compliant

**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
There was a policy on communication with residents.

The inspector found that arrangements were in place so that residents will be supported and assisted to communicate in accordance with their needs and preferences.

Residents' communication needs are to be identified in the assessment and personal planning process. Personal plan documents available for implementation aim to capture individual communication limitations, abilities and support requirements. Assessment documents and templates related to personal plans also included systems and interventions to be made available to meet the diverse needs of all residents. This may include the input of internal or external professionals, where necessary and on a referral basis.

Residents of the centre are to form links with the local and wider community. The inspectors were informed that residents are to have access to radio, television, social media, newspapers, Internet, information on local events and entertainment. Access to assistive technology and aids and appliances where required are to be made available to promote residents' full capabilities and facilitate needs.

**Judgment:**
Compliant

**Outcome 03: Family and personal relationships and links with the community**
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

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

**Findings:**
Based on the information available, the inspectors were satisfied that family, personal relationships and links with the community are to be encouraged.

A policy was in place in relation to visitors. The policy supports residents to be facilitated to receive visitors in private with no restrictions on family visits, except when requested by the resident or due to a health and safety risk.

The inspectors were informed that residents will be supported to develop and maintain personal relationships and links with the wider community. Families are to be encouraged to get involved in the lives of residents in accordance with residents' wishes.

The inspectors were informed by the residential services manager as person in charge that residents would be supported with staff and transport arrangements to promote engagement.

Residents, families, advocates and representatives of residents are to attend personal plan meetings and reviews in accordance with the wishes and needs of each resident.

**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:**
There were policies and procedures described and in place for admitting residents, including transfers, transitions, discharges and the temporary absence of residents.

Residents' admissions are to be in line with the centre's statement of purpose. The person in charge confirmed that admissions and or transitions will be facilitated in accordance with the centre's admission policy.

The inspectors were informed by the person in charge that the centre's admissions and transition procedure will consider the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services.

A contract of care document was available outlining the terms and conditions of services to be provided. The inspector was informed that each resident is to receive a written agreement of the terms of their stay in the centre which will be given to them or their representative on admission. An easy-to-read version was also available.

The service agreement template set out the services to be provided and fees, costs or additional charges are to be specified and included when agreeing the contract.

**Judgment:**
Compliant

**Outcome 05: Social Care Needs**
*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between 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 inspectors found that arrangements were in place, and when implemented, the social care support as described by the person in charge will consistently and sufficiently reflect the residents' assessed needs and wishes.

The admission procedure included a process of preliminary screening and assessment to include the person in charge following referral. An invitation for prospective residents to visit the centre formed part of the pre-admission assessment procedures to be completed to ensure each resident's health, personal and social care and support needs are fully assessed before admission and afford residents to meet others who will be living in the centre.

The inspectors were informed of arrangements whereby an assessment is to be carried out as required to reflect changes in need and circumstances, and at a minimum once a year. Each resident (or their representative) along with their key worker are to be actively involved in all assessments to identify residents' individual needs and choices.

Assessments pertaining to residents will include multi disciplinary input and review.

Arrangements were described by the person in charge to ensure each resident has a written personal plan that details his or her individual needs and choices. The plan is to be prepared no later than 28 days after admission to the centre. A template of the personal plan to be made available to each resident was available and was in an accessible easy-to-read and understandable format.

Personal plans aim to support residents and improve outcomes for them, if implemented as intended.

Each plan is to be reviewed on an annual basis or more frequently if there is a change in circumstances.

Residents and their family members or representatives, where appropriate, are to be consulted and involved in reviewing plans.

Planned supports such as familiar staff and records of key information were described to form part of the process when residents transfer between services. Admission to the services is to be carried out on a planned basis.

**Judgment:**
Compliant

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

**Theme:**
Effective Services

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

**Findings:**
The inspectors found that the location, design and layout of the centre was suitable for its stated purpose and aims to meet residents' individual and collective needs in a comfortable and homely way.

There were appropriate facilities and the layout aims to promote residents' safety, dignity, independence and wellbeing.

The centre comprises a spacious two-storey detached house on the outskirts of a town, which was suitably furnished and fitted for occupancy by four residents.

A separate garage with heating, ventilation and lighting formed part of the designated

centre that included a utility room and a separate carpeted room whose purpose was to be determined by residents after admission.

Resident accommodation included four single-occupancy bedrooms that had en-suite bathrooms, one on the ground floor and three on the first floor. A communal ground floor toilet, kitchen and dining room, conservatory, sitting room and store room were ready for use.

A staff bedroom and office was located on the first floor that had direct access to an adjoining en-suite bathroom of a resident's adjoining bedroom. It was confirmed that both staff and residents were to share the ground floor toilet facility.

External patio and courtyards were provided and garden furniture was to be put in place when occupied. Any additional modifications to the premises and required for residents were to be completed prior to their occupancy and dependent on prospective residents' needs.

The centre was clean, bright, suitably decorated and well maintained. Additional furnishings and decorations were to be facilitated at the discretion of the residents being accommodated there. The premises had suitable heating, lighting and ventilation throughout.

There was suitable space and a storage facility for the personal use of residents.

A maintenance system was in place and arrangements were in place for the safe disposal of general and clinical waste.

Adequate car parking was available to the front and rear of the premises.

CCTV monitoring was not in use at this centre.

**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 arrangements were in place to ensure that the health and safety of residents, visitors and staff will be promoted.

There were policies and procedures in place for risk management and emergency planning.

The centre had policies and procedures relating to health and safety.

Suitable procedures and arrangements were in place for the prevention and control of infection.

A risk management policy was in place and to be implemented throughout the centre, which included the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

Arrangements for investigating and learning from serious incidents and or adverse events involving residents were in place and described by the person in charge.

There was an adequate means of escape, including emergency lighting, and fire exits were unobstructed. There were prominently displayed procedures for the safe evacuation from parts of the house in the event of fire. The fire alarm was serviced and to be maintained on a regular basis and fire safety equipment was serviced and to be maintained on an annual basis. Evacuation plans and procedures for each resident were to be completed once occupied in line with the centre's policy.

The inspectors were informed that all staff would be trained in fire safety and safe evacuation procedures. Fire drills at regular intervals and fire records, to include details of fire drills, were to be maintained.

**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 inspectors found that arrangements were in place to ensure that measures to protect residents being harmed or suffering abuse would be in place.

There was a policy on, and procedures in place for, safeguarding residents, which staff are required to be trained on during induction and prior to working in the centre.

There was a policy in place for providing personal intimate care.

There were policies, procedures and training arrangements in place to keep residents safe and protect them from abuse.

Arrangements were in place and described to ensure the person in charge monitors the systems put in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse.

Systems were described and outlined in policy documents to ensure any incidents, allegations or suspicions of abuse were recorded, appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

There was a policy in place for the provision of positive behavioural support. The inspectors were told that all staff would be fully trained in managing behaviour that is challenging including de-escalation and intervention techniques as required.

There was an organisational policy available on the use of restrictive procedures and physical, chemical and environmental restraint, however, this policy required review to reflect the aims and objectives of the statement of purpose. Reference to the use of seclusion was included in the policy, however, this means of restraint was not to form part of the procedures to be adopted within the centre. This requirement is outlined in the action plan for outcome 18.

**Judgment:**
Substantially 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:**
Arrangements were in place to ensure a record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

The person in charge demonstrated she was aware of her legal responsibilities to notify the Chief Inspector.

**Judgment:**
Compliant

**Outcome 10. General Welfare and Development**
*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
The inspectors found that arrangements were in place to ensure that if the plans discussed are implemented, the general welfare and development needs of residents will be promoted and residents will be afforded new experiences, social participation, education, training and employment.

There was a policy on access to education, training and development.

Educational achievement of residents is to be proactively supported by practices in the centre. An assessment process to establish each resident's educational and employment and training goals are to be maintained for each resident.

Social activities, internal and external to the centre are to be made available to residents to promote general welfare and development.

Arrangements were described as being in place for residents to undergo training and development, and examples were shared based on previous experience in a separate designated centre.

**Judgment:**
Compliant

**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
The inspector found that arrangements were in place to ensure that residents' healthcare needs will be regularly reviewed with appropriate input from multidisciplinary professionals where required. The person in charge told the inspectors that arrangements in relation to residents having access to the local general practitioner (GP), doctor on call and a range of allied health care services were available.

Allied health care professionals, medical and other multi-disciplinary professionals will be facilitated on a referral basis.

Health monitoring documents were available and to be completed which include regular checks of clinical observations and treatment provided. The person in charge told the inspectors that each resident will be encouraged and facilitated to attend their GP and or primary care team annually for a health screening assessment.

The inspectors found that arrangements were in place to ensure that if the proposed practices are implemented, residents' nutritional needs will be met to an acceptable standard. Weights are to be recorded and monitored on a weekly or monthly basis when required.

Menu planning and healthy choices are to form part of the discussion between residents and staff in weekly meetings. Menu choices are to be displayed. Photographs of shopping, food and meals choices are to be available to serve as a support aid for residents.

A policy on the monitoring and documentation of nutritional intake was available to support residents' needs.

**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 inspectors found that the medication management policies were satisfactory and that the proposed practices described by the person in charge were suitable and safe.

A system is to be put in place and maintained for reviewing and monitoring safe medication management practices. Management plans are to include three-monthly prescription reviews by each resident's GP or more frequently if required.

A locked drug safe secured in the staff office was in place and medication prescription templates were available that included sufficient detail that, if completed, would ensure safe prescription, administration and recording standards. The centre's staffing skill mix is to include staff trained in medication management.

The person in charge explained that if required for use, staff will maintain a register of controlled drugs and the administration and storage arrangements will be maintained in accordance with the legislative requirements.

**Judgment:**
Compliant

**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspectors found that while the statement of purpose included the requirements of the regulations and schedule 1, and described the service that is to be provided in the centre, a review of the following was required:
• the staffing arrangements - total staffing complement and whole-time equivalent provision
• improvements and amendments to clarify the details in relation to the person in charge's responsibilities (other services)
• staff training mandatory and relevance to be specified
• named personnel stated and reference to two residents accommodated due to transition to the centre
• frequency of the fire safety precaution arrangements - servicing, checks and training was required.

**Judgment:**
Non Compliant - Moderate

**Outcome 14: Governance and Management**
*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspectors found that arrangements were in place to ensure that the quality of care and experience of residents will be monitored and developed on an ongoing basis.

Management systems were described as being in place to ensure effective support to residents and to promote the delivery of safe, quality services.

Governance, organisational and reporting structures were in place. The person in charge has responsibility for the day-to-day management of the centre and reports to a regional manager who reports via the national head of operations to the provider nominee who has overall governance and management responsibility.

A range of audits and quality review meetings were to be implemented on a weekly and monthly basis to identify risks, trends, determine outcomes and inform governance and management arrangements.

A bi-annual review is to be completed as part of the quality assurance systems.

Staff and management meetings, on call arrangements and core staff roster plans had been established and were to be maintained and adjusted according to the assessed needs of residents.

**Judgment:**
Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The residential services manager as person in charge was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence by the person in charge.

Arrangements were in place to manage the service in periods of absences.

**Judgment:**
Compliant

**Outcome 16: Use of Resources**
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

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

**Findings:**
The inspectors were informed that sufficient resources would be made available to meet residents' assessed needs as required. While there was no evidence to indicate that adequate resources would not be provided to ensure effective delivery of care, the staffing resources required review in relation to the statement of purpose and legislation, which was highlighted in Outcome 13 and is discussed further in Outcome 17.

Core staffing levels had been rostered that reflected the whole-time equivalent numbers included in the statement of purpose and function. However, staffing resources and shift patterns and duration require adjustment based on residents' support needs, activity, and dependency and occupancy levels. This is discussed further in Outcome 17.

The person in charge confirmed that the centre has the use of a vehicle as a resource to support residents' transportation needs and wishes, and public transport arrangements

were also conveniently located and accessible to this centre.

**Judgment:**
Substantially 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:**
On the basis of the information available on inspection, and from discussions with the person in charge, the inspectors found that arrangements in place to ensure that an adequate number of core staff and skill mix would be available to residents required review. Planned roster arrangements included staff on working time shifts of lengthy durations (over two continuous days that included sleepover arrangements) and without adequate rest and or break periods (11 hours) between working shifts, a requirement in accordance with legislation and nationally recognised recommendations. Inspectors were informed that this practice and shift pattern was under review and was to be discussed with management following feedback from this inspection.

The person in charge informed the inspectors that all staff will have completed mandatory and relevant training prior to the operation and occupancy of residents in the centre. Training was to include adult protection, fire safety, moving and handling, first aid, health and safety, food safety and medication management. The policy on staff training and development was to be reviewed and updated to include agreed arrangements.

The centre's recruitment policy included that all staff will supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and the regulations. The inspectors were informed of staff supervision arrangements to be maintained to improve practice and accountability.

The inspectors reviewed a staff member's file and found records maintained and available in accordance with the requirements of the regulations.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**
*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**
Use of Information

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

**Findings:**
The inspectors found that systems were in place to maintain and complete accurate records.

A copy of current insurance cover for the centre was available.

A resident's guide was available in an easy-to-read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and complaints process.

The inspectors found that records to be completed that related to residents and staff, were to be maintained and stored securely in the centre.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A template for the directory of residents was available and if completed will meet the requirements of the regulations.

The centre had the written operational policies required and specified in schedule 5, however, some had not been reviewed at intervals not exceeding three years, and as referenced in other outcomes, some policies required review and improvement as follows:

• the use of restrictive procedures and physical, chemical and environmental restraint that included the use of seclusion, as this method of restraint was not to form part of the procedures to be adopted within this centre
• the policy on when a resident goes missing
• the policy on staff training and development was to be reviewed and updated to

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| include agreed arrangements - mandatory and relevance to include frequency. |
| **Judgment:**<br>Non Compliant - Moderate |

## 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:***

Sonia McCague
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**[1]

| | |
|---|---|
| **Centre name:** | A designated centre for people with disabilities operated by RehabCare |
| **Centre ID:** | OSV-0005310 |
| **Date of Inspection:** | 13 October 2015 and 14 October 2015 |
| **Date of response:** | 09 November 2015 |

## Requirements

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

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

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A review of the statement of purpose was required in relation to the following:
• the staffing arrangements - total staffing complement and whole-time equivalent provision
• improvements and amendments to clarify the details in relation to the person in charge responsibilities (other services)

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

• staff training mandatory and relevance to be specified
• named personnel stated and reference to two residents accommodated due to transition to the centre
• frequency of the fire safety precaution arrangements - servicing, checks and training is required.

**1. Action Required:**
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

**Please state the actions you have taken or are planning to take:**
• Clarification of PIC responsibilities for other services - completed
• Staff training mandatory and relevant to be specified - completed
• Any reference to the two residents transitioning has been removed - completed
• The frequency of fire safety precautions is now included. - completed
• Staffing arrangements - total staffing compliment and whole time equivalent provision. Achieving compliance with the European Working Time Directive / Organisation of Working Time in relation to sleepovers is being addressed at government level, both the Department of Health (DoH) and the Department of Public Expenditure and Reform are involved in the talks which have now commenced at European level with the European Commission as there will be significant costs involved for the sector in reaching compliance. Further to the Labour Court Recommendation – the implementation of sleepovers as working time is being guided by the HSE on a sectoral basis. The HSE has established a national working group and it has been acknowledged that compliance with this directive will require significant service and workforce reconfiguration and alternative rosters. The national issue of part-time workers undertaking sleepovers has been referred back to the labour court and the hearing is scheduled for December 8th. The HSE has advised that once clarity is reached on this issue, it will be in a position to issue guidance on a range of pilot options and to agree a process for achieving compliance over a period of time. The HSE has advised that it will draw up an EWTD compliance plan for the disability sector for approval by the DOH by April 2016

**Proposed Timescale:** 30/04/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Arrangements proposed to ensure that an adequate number of core staff and skill mix will be available to residents required review.

Planned roster arrangements included staff working time to be shifts of lengthy durations (over two continuous days that included sleepover arrangements) and without adequate rest and or break periods (11 hours) between each working shifts.

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

**Please state the actions you have taken or are planning to take:**
• Staff rosters to include rest/break periods (11 hours) between each working shifts and staff not working over two continuous days. - completed

• Achieving compliance with the European Working Time Directive / Organisation of Working Time in relation to sleepovers is being addressed at government level, both the Department of Health (DoH) and the Department of Public Expenditure and Reform are involved in the talks which have now commenced at European level with the European Commission as there will be significant costs involved for the sector in reaching compliance. Further to the Labour Court Recommendation – the implementation of sleepovers as working time is being guided by the HSE on a sectoral basis. The HSE has established a national working group and it has been acknowledged that compliance with this directive will require significant service and workforce reconfiguration and alternative rosters. The national issue of part-time workers undertaking sleepovers has been referred back to the labour court and the hearing is scheduled for December 8th. The HSE has advised that once clarity is reached on this issue, it will be in a position to issue guidance on a range of pilot options and to agree a process for achieving compliance over a period of time. The HSE has advised that it will draw up an EWTD compliance plan for the disability sector for approval by the DOH by April 2016

**Proposed Timescale:** 30/04/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All operational policies required in schedule 5 had not been reviewed at intervals not exceeding three years, and as referenced in other outcomes, some policies required review and improvement that included following:

• the use of restrictive procedures and physical, chemical and environmental restraint that included the use of seclusion, as this method of restraint was not to form part of the procedures to be adopted within this centre
• the policy on when a resident goes missing
• the policy on staff training and development was to be reviewed and updated to include agreed arrangements - mandatory and relevance to include frequency.

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

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| **Please state the actions you have taken or are planning to take:**<br>The policy on use of restrictive procedures is under review and expected to be published in the next four weeks. The other policies referred to above will be reviewed in the context of the inspector's comments. |
| **Proposed Timescale:** 31/01/2016 |