

**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-0002674
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Michael O'Connor
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

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:
27 January 2016 10:00	27 January 2016 18:30
28 January 2016 09:45	28 January 2016 16:30

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

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

Summary of findings from this inspection

This was the first inspection of the centre by the Authority. The inspector found that overall there was a good level of compliance with some areas for improvement identified.

The centre was part of Rehabcare. It was a two storey modern, detached residence located in the suburbs of Navan town and close to local amenities which residents could walk to if they wished.

The inspector reviewed and discussed records, spoke with staff and residents and

observed the provision of supports and services to residents. Based on these inspection findings and the evidence that informed them, the inspector was satisfied that residents had a good quality of life.

There were adequate systems in place for the comprehensive assessment, development and review of residents' social care needs. There were effective systems in place to ensure residents' needs were assessed and reviewed through an allied health professional process. Residents had received review from dietetic services, physiotherapy, psychology and occupational therapy, for example.

The person in charge worked in a full time capacity supported by a team leader. She had knowledge and skills commensurate to her role with a post graduate diploma in Autism studies from the University of Birmingham. She was also a trainer in person centred active support. At the time of inspection there was a vacant team leader post for the centre. The provider was actively recruiting to fill the position at the time of inspection.

Feedback questionnaires received from families and residents' representatives were all positive indicating residents' quality of life had improved greatly since moving to the service in 2006. Anecdotal evidence suggested that residents' communication had improved and behaviours that challenge had significantly decreased since moving to the centre. Residents had established a greater presence in their community and were now accessing local amenities similar to their peers.

While fire safety procedures were suitable in the most part, there were inadequate means of escape from some designated fire exit doors in the centre. Two doors required a key to unlock which the inspector was concerned could pose a risk during an evacuation.

During the course of the inspection the locks were changed to more fire complaint options. Thumb turns locks were fitted which ensured residents security but enhanced means of escape as doors no longer required keys to open them from the inside.

The fire alarm system had been identified as requiring a second sounder and smoke alarm for the upstairs of the centre. During the course of the inspection the person in charge procured a battery operated smoke alarm and ensured it was fitted on the first floor of the centre. She also assured the inspector that the fire alarm would be upgraded after the inspection with a smoke and sounder linked to the fire alarm.

Of the eighteen outcomes inspected the provider was judged to be compliant or substantially compliant with 18 Outcomes.

The findings to support these judgments are in the body of the report; the action plan with the provider's response in addressing the identified failings is found 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):

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

Findings:

There were arrangements in place to ensure residents rights, privacy and dignity was promoted in the centre. Residents' choice encouraged and a complaints procedure was in place.

Residents had access to advocacy services and information about their rights. The identity and contact detail of advocates were available to residents within the centre and in the residents guide. Residents in the centre were informed of meetings by NRAC (National Rehabcare Advocacy Council). The role of NRAC was to represent the residents' from across Ireland's Rehabcare services. There were established dates for committee meetings identified for the coming year.

Arrangements were in place to promote and respect residents' privacy and dignity, including receiving visitors in private. The front sitting room of the centre had been chosen by residents as a room they would like to meet visitors.

Resident meetings formed part of the arrangements for consultation and decision-making processes in the centre. A resident documented resident's meetings. Some recent items discussed were the complaints procedure, the upcoming HIQA visit and meal time choices.

Residents' had individual financial arrangements which offered them choice and control over their financial affairs within their capacity. All residents required support from staff in financial management. Each resident had their own bank and/or post office account with bank cards and PIN numbers. Ledgers with in/out logs, balances and receipts for

purchases made were maintained. The inspector reviewed processes with the person in charge and spot checked entries on ledgers maintained which the person in charge was able to produce receipts for and verify purchases made.

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. For example, residents helped to chose the weekly menu or what activities they wished to do in the evening time.

A complaints policy was in place. An associated complaints procedure was displayed in the kitchen of the centre and an easy-to-read version was also available. There had been no documented complaints therefore the inspector was unable to review how the complaints procedure had been implemented.

Each resident had their own bedroom for which they were provided a key. Residents also had a key to the front door of their home. They were informed of their tenancy agreements and rights as tenants in the centre.

Toilets and bathing facilities had adequate privacy options in place. All doors had thumb turn locks which ensured residents could engage in personal hygiene in privacy.

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:

Residents had good verbal communication ability and no specific requirement for assistive or augmentative communication strategies at the time of inspection.

Communication systems were in place to inform residents of their daily routine or to make choices. Residents participated in creating a pictorial meal planner for the day and there was a visual staff rota in place and easy read versions of core polices such as the complaints procedure.

Residents had access to the house telephone and were also informed by staff of any communication received on their behalf through spoken and written format. Televisions, radios and a computer were also available in the centre and residents were observed to

have independence in being able to use the remote control for the TV.

Residents also demonstrated good literacy skills. Residents were supported to document their chosen plan of activities for the evening time and others took the minutes of their resident committee meetings.

Anecdotal evidence from staff indicated residents communication skills had improved greatly since they had moved to the designated centre a number of years ago. Residents had begun to use their communication skills rather than engage in behaviours that challenge and this was actively supported and encouraged by staff and the person in charge of the centre.

There was an organisational policy on communication which met the requirements of Schedule 5 of the Care and Welfare Regulations.

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:

Family, personal relationships and community integration were integral to resident life in the centre.

Staff established an agreement with each family outlining the extent and precise nature of the communication that they required from staff; staff then maintained a log of each occasion of family contact.

Staff consulted with and worked with families in planning and providing supports. Feedback questionnaires to the Authority from family/representatives on behalf of residents were positive in relation to communications they had with the centre and their supported involvement with residents and their lives.

All residents enjoyed planned visits home. Concerted efforts by the staff team to sustain family connections were evident. In some instances residents had extended their visits to include visits to siblings which was an achievement for both them and their family and recognition that supports in place for the resident in the centre could be transferred to other settings.

The centre was located a short commute from the main town and residents availed of services and facilities available in the locality. Residents enjoying going on trips, out for coffee and meals and shopping out in the nearby amenities and town.

The centre had its own designated transport which afforded residents opportunities to access their community, go on visits or attend their day services. This resource ensured residents were not isolated or solely dependent on public transport or taxis.

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:

Each resident had a signed and agreed tenancy agreement in place. They also each had an agreed and signed contract of care/service provision. The contract was clearly presented, in the most part, and outlined the supports and services to be provided.

Recurring fees for residents such as their rent and contribution towards fuel for their centre's vehicle were clearly set out.

Residents that required support from staff when going on holidays were expected to pay for staff travel expenses such as flights, train tickets and/or accommodation, but not staff salaries. While reference was made to this in the contract, it was vague and required more explicit information to ensure residents were fully informed, setting out specific parameters of what residents were expected to pay and not in those circumstances.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful

activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Residents social care needs were well met in this centre. Personal plans documented comprehensive information about residents' personal goals, allied health professional assessments and recommendations, health care assessments and information. Person centred planning formulated the goals for residents based on their interests, abilities and identified needs.

From a sample of resident's personal plans reviewed they were found to be individualised and person centred, for example; the resident's needs, choices and aspirations were clearly identified. There was also evidence of a multi-disciplinary team input documented such as psychiatry, physiotherapy, occupational therapy and dietician recommendations.

There were opportunities for residents' to participate in activities geared towards their interests and capabilities. One service user attended a day service provided by RehabCare, three others attend day service provided by Prosper Meath.

Some goals identified in the sample of plans reviewed included going on holidays, participating in buying new curtains and a mattress for their bedroom, painting their bedroom and opening a credit union account.

Action plans were in place for each goal with review dates documented and the steps involved in supporting the resident to achieve the goal.

Personal plans also contained log notes recorded by residents support staff for each day and were found to be up to date and informative. Healthcare reviews and visits to their General Practitioner were maintained in their personal plans and maintained with enough detail to inform interventions, support plans and recommendations by allied health professionals, for example, blood test results were maintained in the health care section of residents' personal plans.

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 location, design and layout of the centre was suitable for its stated purpose and aimed to meet residents' individual and collective needs in a comfortable and homely way. There were appropriate facilities and the layout promoted residents' safety, dignity, independence and wellbeing.

The centre comprised of a spacious two-storey detached house just outside Navan town, which was suitably furnished and fitted for occupancy by five adult residents.

The residence included five single-occupancy bedrooms, two of which had an en-suite. There was a suitable sized communal shower upstairs and on the ground floor. There were also an adequate number of toilets for the number of residents. The centre also contained a kitchen and dining room/conservatory, two sitting rooms and a utility room which was located in a building at the back of the premises. A staff office was located in another building at the back of the premises.

This building also contained a sensory/snoozlen space with clean well maintained equipment and of a suitable size for adults to use in comfort. A patio and garden space was also located to the rear of the building with fruit trees residents had planted. This was well maintained and residents helped staff with its upkeep.

The centre was clean, spacious, suitably decorated and well maintained. Furnishings and decorations were tasteful and modern and residents' personal preference and choice was taken into consideration in the decoration throughout. Residents and staff participated in household chores and maintained the upkeep of their home to a good standard.

There was suitable heating, lighting and ventilation throughout. At the time of inspection the boiler required a service, the previous service was dated 2014. The person in charge contacted the gas company during the course of the inspection and arranged a service to be carried out the week of inspection. The company emailed the PIC confirmation that the service would be carried out and the inspector reviewed the confirmation. Arrangements were in place for the safe disposal of general waste and recyclables.

The kitchen had adequate storage space for food, dry goods, pots, pans, kitchen appliances and cutlery. An oven and hob were available for residents to cook home

cooked meals. The fridge was a suitable size to store resident's food both fresh and frozen. A large freezer was also available to store frozen produce in good supply.

Each bedroom had storage options for residents' clothes and personal belongings.

The centre and the separate office/snoozlen building to the rear, was fitted with a security alarm. Doors to all exits were secure.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

There were arrangements in place to ensure that the health and safety of residents, visitors and staff were promoted in the centre. The inspector identified some issues which the person in charge undertook to address before the close of inspection and which mitigated risk identified by the inspector.

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.

The inspector noted on servicing records for the fire alarm there were a number entries made by servicing engineers which identified there was no second smoke detector or sounder on the first floor of the centre. The inspector brought this to the attention of the person in charge who clarified that the fire alarm system required updating to include a sounder and smoke alarm on the first floor.

She gave assurances that this would be addressed and procured a battery operated smoke alarm which was fitted to the ceiling of the first floor by the end of the first day of inspection. This would be an interim measure until the fire alarm system was updated.

Evacuation plans and procedures were in place. All residents had a personal evacuation plan in place which identified the specific supports they would require in the event of an evacuation.

Fire drills had been carried out during the day and night time. They had occurred with regular frequency, in 2015 there had been five drills carried out, one of which was carried out while residents were on a trip away from the centre. Staff had walked residents through the evacuation procedure of the hotel they were staying in.

The arrangements in place for the means of escape from the centre were adequate in the most part however, some escape routes had locks in the doors which required a key to open and lock them. While keys were readily available in the doors at the time of inspection, the means of escape from the centre could be compromised should the keys be misplaced or unavailable during an evacuation.

The inspector brought this to the attention of the person in charge who addressed the risk by having the locks changed to a thumb turn system which negated the necessity for keys and ensured ease of evacuation from all exit routes without compromising the security of the premises.

There were policies and procedures in place for risk management and emergency evacuation procedures, these were centre specific setting out procedures for staff to implement in the event of a power cut, flood or staffing shortage. The procedure also identified locations where residents could be transferred to in the event of an emergency evacuation. The centre had an up to date Health and Safety Statement.

Suitable procedures and arrangements were in place for the prevention and control of infection given the purpose and function of the centre. Paper hand towels, suitable hand washing facilities and alcohol gel were available in the centre.

A risk management policy was in place and 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. Incidents were logged on an electronic logging system. Incidents were risk rated based on their severity and likelihood to occur again. Measures were put in place following reviews of incidents to mitigate risks.

Missing person procedures were in place. Each resident had a profile with an up to date photograph in the personal plans.

Judgment:

Substantially 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:

Measures were in place to protect residents from abuse. There were organisational policies in relation to safeguarding of vulnerable adults and a training programme implemented which ensured that each staff member had up to date knowledge and skills in the area. Appropriate training in behaviour support management and comprehensive, regularly reviewed plans further mitigated the risk of residents experiencing abuse in the centre.

Staff and management spoken with, were knowledgeable of their responsibilities in this area. They outlined to the inspector examples of how they would respond to an allegation of abuse or if they witnessed an incident. Their responses were in line with policies and procedures for the organisation and were deemed by the inspector to be adequate.

There were also policies and procedures in place to guide staff on responding to behaviours that challenge and restrictive practices. Support plans were in place for residents that displayed challenging behaviour. Staff had attended training in managing behaviours that are challenging and de-escalation/low arousal techniques.

The inspector reviewed a behaviour support plan in place which had been drawn up by a resident's psychologist. It was found to be person specific, outlining clearly the triggers which could elicit behaviours that challenge for the resident. The plan set out clear, practical ways in which staff could prevent or manage incidents of behaviours that challenge which were individualised to the assessed needs of the resident.

The inspector also noted there had been comprehensive reviews of the effectiveness of the behaviour support plan with periodic service review by the psychologist. The reviews identified the support plan was working effectively and supporting the resident; indicating a reduced number incidents occurring since its implementation.

Equally important however, was evidence to indicate staff were implementing the recommendations of the behaviour support plan. Incidents of behaviours that challenge were documented on the electronic incident system. Documented incidents outlined the management steps staff had taken which were in line with those set out in the behaviour support plan.

There were minimal restrictive practices in use in the centre. Chemical restraint was prescribed for residents to support them when undergoing medical procedures, for example. There had been no instance in the previous six months prior to the inspection

that any resident had required chemical restraint for the management of behaviours that challenge in the centre. It had been required however, in their day service.

In order to mitigate triggers that could elicit behaviours that challenge the person in charge and team from day services had changed the time a resident returned home from their day service, allowing them time in the centre when it was quiet which in turn had proven a useful strategy that supported the resident.

Sensory integration assessments and recommendations were in place for residents that required them and were used as part of a therapeutic management of residents' sensory and behaviour support needs. The inspector observed residents had access to sensory integration equipment in the centre and sensory support plans were implemented and documented in their personal plans.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

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

Findings:

An electronic system was in place for the recording of accidents and incidents.

Based on the records of incidents reviewed the inspector was satisfied that all required notifications were submitted to the Chief Inspector and within the specified time frames as set out in the Care and Welfare Regulations (as amended) 2013.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

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

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

Findings:

Residents' general welfare and development needs were supported in the centre. A person centred planning process was one of the methods used to establish residents' educational, employment and personal development goals.

Residents had opportunity to attend personal development activities suited to their interests and capabilities, for example day services, evening and weekend activities. Residents engaged in social activities within and out of the centre on their terms and by their own choice.

Since moving to the centre residents' social skills and involvement with their wider community had increased. Feedback questionnaires to the Authority, from families, indicated residents' quality of life had improved greatly since moving to the centre and the service provision met their needs well.

Some respondents conveyed their gratitude and delight in seeing their son/daughter or sibling engaging in ordinary activities of living that previously were not possible for them, for example, going to the local shopping 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:

Residents' health needs were met to a good standard. Residents had access to GP services and there was evidence to show appropriate treatment and therapies were in place to address their health issues.

Residents had received assessment and intervention recommendations to meet their needs from physiotherapy, dietician assessment, occupational therapy and speech and language therapy (SALT).

Recommendations, reviews and support plans were maintained in residents' personal plans and informed supports in place for them. There was also evidence which showed some residents had undergone blood tests and were being closely reviewed to monitor for any negative health outcomes with repeat blood tests carried out as required.

Residents' nutrition needs were also well managed. There was adequate space for food preparation and storage of fresh and frozen produce in the centre. Cupboards had plentiful condiments, grains, pulses and cereals to ensure food was wholesome and nutritious. Colour coded chopping boards were in use to ensure raw meat and fresh vegetables were not chopped using the same board, for example, as a measure to reduce food contamination.

Staff working in the centre had undergone food hygiene training and there were systems in place to ensure food was correctly stored, labelled and prepared in the centre.

Some residents had received review from dietetic services. Recommendations had been implemented and had brought about substantial improvements in their health and weight management. Residents with dietary support plans in place also had exercise programmes which had been recommended by the physiotherapist and in conjunction with the gym they attended.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

There were safe medication management practices in place. Staff were trained in safe administration of medication practices and administration records of medications were up to date and well maintained. However, medications prescribed did not have a doctor's signature against each one.

Written operational policies were in place to guide staff practice in relation to the ordering, prescribing, storing and administration of medicines to the resident.

The inspector viewed a random sample of residents' medication records and found that they contained all of the required information in the most part. However, some

medications prescribed were not individually signed on medication administration charts by a general practitioner (GP) but had one signature against a number of medications prescribed. This was not in line with in guidance issued by An Bord Altranais agus Cnáimhseachais

No resident engaged in self administration of medication. However, there were policies and procedures to support this practice within the Organisation the centre was part of.

Each resident's medication was stored in a safely. Residents' medications were individually stored and clearly labelled. There were also appropriate procedures for handling and disposing of unused and out-of-date medicines.

At the time of this inspection there were no residents prescribed medication requiring strict controls.

Judgment:
Substantially 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:

While the statement of purpose included the requirements of Schedule 1 of the Care and Welfare Regulations (as amended) 2013, it required improvements to accurately describe the service the centre provided.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Arrangements were in place to ensure that the quality of care and experience of residents was monitored on an ongoing basis. Governance and management systems in place were adequate to ensure effective support to residents and to promote the delivery of safe, quality services. The person in charge was full time in the centre and systems were in place for the management of the centre in their absence.

The person in charge had responsibility for the management of the centre and reported to a regional manager who in turn reported via the national head of operations to the provider nominee who has overall governance and management responsibility.

The person in charge demonstrated good management and leadership skills and abilities, they were engaged in the day to day management of the centre in a manner that met with the care and welfare regulations, (as amended 2013), which sets out a person in charge of a designated centre must be full time. The person in charge was designated one whole time equivalent for the centre as per the statement of purpose which confirmed their full time position in the centre.

They were supported by a team leader for the centre, however, at the time of inspection there was a vacant team leader position. The provider was engaged in a recruitment process at the time with interview due to take place the day after the inspection.

Staff spoken with told the inspector they felt supported by the person in charge and were able to bring concerns or suggestions to them whenever they needed to. On call arrangements for evenings, nights and weekends were clearly set out for staff in the centre and updated weekly where a regional manager assumed on-call responsibility for a number of centres including the centre referred to in this report.

There was a formal supervision system in place whereby the team leader or person in charge met with all staff at frequent intervals. These meetings were opportunities for managers to feedback to staff on areas they were doing well and also to address instances where practice could improve or staff may need support. The inspector reviewed a sample of supervision meetings. They were clearly documented and addressed a number of key performance issues where necessary.

The provider nominee for the centre had assumed their role while the organisation was in active recruitment for a new provider nominee. The provider nominee (temporary) was knowledgeable of the centre and had a good understanding of the regulations and their regulatory responsibilities. They had an extensive background in quality and auditing and had brought about a number of improvements to the provider led auditing system within the organisation.

The provider had met their regulatory requirements in relation to auditing of the centre and there had been a number of unannounced visits with associated reports and action plans. These had also identified a number of areas that required review, for example, person centred plans for residents. There was evidence to indicate improvements in the centre had occurred following visits by the quality auditing team for the organisation. This had in turn led to a good level of compliance found in most Outcomes by the inspector.

An annual review had also been carried out of the centre by the provider. This entailed a review of all 18 Outcomes and reviewed practice in line with the judgment framework for inspections. Actions were given with timelines for the person in charge to address.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge had not been absent for more than 28 days, the provider nominee was aware of their responsibilities in relation to notifying the Authority of their absence.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The centre was suitably resourced to meet the needs of residents'. Staffing resources and skill mix were based on the assessed needs of residents.

Maintenance issues were addressed promptly and this was evidenced during the inspection when some adjustments to a door were required in order to bring about compliance in fire escape measures for the centre. Before the close of the inspection the issues had been addressed.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The centre had a committed staff team who work well to ensure that the needs of residents were met.

There were adequate staffing levels in the centre day and night based on the needs of residents. Residents appeared comfortable in the company of the person in charge and staff during the course of the inspection and interactions appeared relaxed with a genuine rapport between residents and staff.

Staff training viewed confirmed all staff had completed up-to-date mandatory training. A continuous training programme had been implemented and records were maintained. Some areas of training staff had completed were medication management, food safety, first aid, person centred active support and management of behaviours that challenge.

However, not all staff had received specific training in Autism Spectrum Disorder. This was required due to the purposes and aims of the centre which set out to specifically cater for the needs of persons with Autism.

Staff meetings and handovers before shift, took place with the purpose of sharing information and ensuring staff were familiar with any changes in residents' care needs.

Copies of the regulations and the standards were available in the centre.

There were suitable arrangements in place to ensure staff received formal supervision and support on a regular basis. Staff files reviewed confirmed supervision meetings took place with the person in charge regularly and were used to improve practice and accountability. The person in charge worked in the centre across seven days a week in the day, evening and night time, providing support, supervision and guidance to staff.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Records were maintained in a manner which ensured completeness, accuracy and ease of retrieval.

The centre was insured against accidents or injury to residents, staff and visitors and the policy was up to date. Transport used in the centre had up to date insurance and tax.

The centre had all of the written policies as required by Schedule 5 of the Regulations.

There was a guide to the centre available to residents which met the requirements of the Regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for resident involvement in the running of the centre, how to access inspection reports, the procedure for respecting complaints and the arrangements for visits.

A directory of residents was in place.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ann-Marie O'Neill
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-0002674
Date of Inspection:	27 & 28 January 2016
Date of response:	02 March 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 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:

Residents that required support from staff when going on holidays were expected to pay for staff travel expenses such as flights, train tickets and/or accommodation, but not staff salaries. While reference was made to this in the contract, it was vague and required more explicit information to ensure residents were fully informed, setting out specific parameters of what residents were expected to pay and not in those

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

circumstances.

1. Action Required:

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

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

The following actions will be taken to address above issues

1. Contract of Care has been reviewed to include cost of accommodation and transport for supporting staff for service users.
2. Contract of Care has been reviewed with each service user (17/02/16).
3. Letters will be sent to all families with a copy of updated Contract of Care, it will be requested that they should sign a copy to confirm they understand and are in agreement with its contents and return to the service.

Proposed Timescale: 15/03/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The fire alarm for the centre required updating to include a sounder and smoke detector on the first floor.

2. Action Required:

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

1. A fire alarm installation company have been contacted for installation of second sounder and smoke alarm. PIC has been contracting a fire alarm company since January 27th, the PIC had difficulty getting contractor to come on site. Company visited service on March 1st to advise and provide quote, PIC currently awaiting quote.
2. Installation of a second sounder and a smoke detector on the first floor will be carried out.

Proposed Timescale: 30/03/2016

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:

Some medications prescribed were not individually signed on medication administration charts by a general practitioner (GP) in line with in guidance issued by An Bord Altranais agus Cnáimhseachais.

3. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

1. The PIC wrote to all GPs concerned on 22nd February 2016 requesting a change to the practice of signing of medication prescribed with only one signature to signing each medication prescribed individually.

2. PIC received a phone call from the GPs surgery on 25th February advising that the GPs are now refusing to sign any of RehabCare's Kardex.

3. On March 1st the PIC supported a service user on a visit to one of the GPs for a medication review, the GP refused to sign both the medication plan and the Kardex. The GP advised the PIC that she should pursue the issue with the practice Manager. The Practice Manager is on Annual Leave until Monday March 7th, PIC will make an appointment on that date.
The Service User currently has a Kardex in date until March 10th.

Proposed Timescale: 15/03/2016

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:

While the statement of purpose included the requirements of Schedule 1 of the Care and Welfare Regulations (as amended) 2013. It required improvements to accurately describe the service the centre provided.

4. 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:

Statement of Purpose and Function has been reviewed.

Proposed Timescale: 03/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

No staff, with the exception of the person in charge, had received specific training in Autism Spectrum Disorder. This was required due to the purposes and aims of the centre which set out to specifically cater for the needs of persons with Autism.

5. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

1. Updated training record is in place indicating the names of other staff who have received autism specific training.
2. In house training will be planned for the 8 modules this will be delivered by the PIC for all staff. The PIC is a trainer in Autism Awareness.
3. Training will commence by 30th March. Aim to complete all 8 modules by 30/06/16

Proposed Timescale: 30/06/2016