

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cavan Accommodation
Centre ID:	OSV-0002676
Centre county:	Cavan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Michael O'Connor
Lead inspector:	Catherine Glynn
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 October 2016 09:30 To: 03 October 2016 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection

This unannounced inspection was the third inspection of the designated centre carried out by the Health Information And Quality Authority (HIQA). The purpose of the inspection was to monitor on-going compliance with the regulations and to review actions identified as part of the last inspection on 20 November 2014. The person in charge remains unchanged since the last inspection.

How we gathered our evidence

The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, accident and incident records, training records, audits completed and financial records. The residents gave their consent to the inspector to enter their home and review documentation with regard to them. The inspector spoke with three staff inclusive of the person in charge and three residents whilst completing the inspection.

Description of the service

The designated centre comprised of three apartments all within the same building and on the same floor level. Two apartments were two bedroom and were regarded

as independent accommodation. The third apartment was a four bedroom which incorporated staffing facilities. There were six residents living in the designated centre at the time of inspection and there was one vacancy. The centre catered for both male and female individuals with a mild intellectual disability. The staff provided support to all three apartments and an on-call system was in place if residents required support from staff. The apartments were clean and tidy and well maintained at the time of inspection. The inspector found that residents were currently redecorating and personalising the apartments in consultation with staff and management. The person in charge spoke about the importance of maintaining and enhancing independence for all residents through education and life skills development. The person in charge had experience of transitioning previous residents to independent living from the designated centre.

Overall judgment of findings

Ten outcomes were inspected against on this inspection. Of the 10 outcomes all were found to be compliant at the time of inspection. The inspector found that all actions from the previous inspection report had been addressed with regard to risk management, safeguarding and contracts of care.

Overall the inspectors found that residents received a good quality service in the centre. Residents were supported to attend day services that reflected their needs and choices. Further detail of outcomes covered are outlined in the body of report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were consulted with and participated in decisions about their care in accordance with needs, wishes and abilities.

Residents and families were found to have access to advocacy services and information about their rights. Each resident's privacy and dignity was found to be respected, including receiving visitors in private. Residents told the inspector that their privacy was respected.

Each resident had their own room and personal space within the designated centre to enjoy privacy. The inspector found that consultation and residents rights were promoted in this designated centre through on-going interaction with staff, planned programmes and professional staff.

There was a complaints procedure in place. Residents, their family, advocate or representative could make a complaint in the designated centre. There were no complaints in the complaints log at the time of inspection.

Residents were supported to have control over their own finances. A policy and procedure was in place to protect service users who required assistance in this area. All residents had their own bank account and staff provided money management skills training. The inspector spoke with residents with regard to their finances and they confirmed that they could buy what they choose and had access to their money as they wished. Staff members were observed to interact with residents in a respectful manner.

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):

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

Findings:

The inspector found that the admissions process was appropriately managed and contracts of care were in place for all residents at the time of inspection. There was a policy on admission, transfers, discharge and temporary absence of residents.

The inspector found that the agreements in place set out the services provided and all fees were included in the contract. Details of additional charges were further detailed in the contracts of care such as utility bills or access to additional allied health services. The inspector found that the contract of care was in line with the statement of purpose at the time of inspection.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that each resident's welfare was being maintained by a high standard of evidence based care and support in the designated centre at the time of inspection.

Each resident's personal centred plan (PCP) contained a comprehensive assessment of their health, personal and social care needs. A person centred approach was promoted that met the health and social care needs of the residents. Daily notes were maintained which detailed how the resident spent their day. Residents, relatives and multidisciplinary team (MDT) were involved in the development of personal files where required.

Residents confirmed that their personal plan was reviewed regularly and had a complete annual review as scheduled or sooner if required. They also confirmed that they were involved and their relatives where possible. From a review of personal plans the inspector found that a review had occurred sooner for one resident to reflect the change in their needs. Care plans and MDT correspondence reflected the on-going review process. The inspector found that the care plans were thorough and comprehensive to reflect the change in the residents' needs.

The inspector found that there was an opportunity for residents to participate in meaningful activities appropriate to their interests and capabilities. Recreational activities were available for residents in day services five days a week. Residents partook in various activities of their choice in the evenings and at the weekends.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Systems and procedures were in place to promote the health and safety of residents, staff and visitors in the designated centre.

Risk management procedures were in place. Staff had up-to-date fire safety training and staff were able to explain to the inspector how they would evacuate if the need arose. Suitable fire safety equipment was provided and there was adequate means of escape. Personal evacuation plans for each resident had been developed and residents ability had been considered with regard to safe evacuation for example, mobility issues. The

inspector spoke with staff on duty who stated that residents were involved in fire training and had participated in fire drills. Residents spoken with confirmed that the actions they would take on hearing the fire alarm and had knowledge of the fire assembly point.

The inspector reviewed service records and found that all fire systems were monitored, daily, weekly and monthly as required by the fire register. Fire fighting equipment and emergency lighting records indicated they were serviced annually and six-monthly.

An up-to-date health and safety statement was in place. The risk management policy was in place. It had been revised to include information regarding measures and actions in place to control aggression and violence in the workplace, which had been absent during the last inspection. There were measures in place to control and prevent infection. The inspector noted that the importance of hand washing was discussed at residents' meetings.

There were measures in place for control of the risks specifically mentioned in the regulations and these were addressed in separate policies viewed in conjunction with the risk management policy. In addition to environmental risks, personal risks specific to each resident were identified and control measures documented in residents' personal plans. Systems were in place for the regular review of risk.

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):

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

Findings:

The inspector found that the provider had measures in place to protect residents being harmed or suffering abuse.

A review of training records available, confirmed that all staff working in the designated centre at the time of inspection had received training in protection of vulnerable adults. Staff had undergone recent training which incorporated safeguarding procedures and

management of aggression. Policies and procedures for the prevention, detection and response to allegations of abuse were in place.

Both staff spoken with identified the designated contact person and confirmed that they had read the policy and knew their responsibility to report any allegations or suspicions of abuse. At the time of inspection there were no allegations or suspicions of abuse documented.

The inspector found that residents' finances were managed in a clear and transparent manner. All money was securely stored and was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident, all transactions were clearly recorded and signed and receipts were maintained for all purchases.

Residents were complimentary of staff and stated they could talk to them at any time. The inspector found that residents spoken with were informed and aware of measures in place to prevent, detect or respond to allegations. Residents spoken with also stated they felt safe in their designated centre at the time of inspection.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' health care needs were well met and they had access to appropriate general practitioner (GP) and other health care services as required.

All residents had access to GP services. The inspector found evidence that residents went for consultation with GPs as required and all residents had an annual health check carried out by the GP. Referrals to other medical consultants were also made, when required, for residents.

Residents had access to a range of health professionals including physiotherapy, speech and language therapy and occupational therapy and referrals were made when required. Reports from these reviews were recorded in residents' personal files and recommendations were used to guide practice. In addition, other external health care services were arranged, such as visits with the optician, chiropodist, dentist and dental

hygienist had been arranged.

Individualised support plans were in place to support all residents' assessed health care needs. These plans were clear and provided detailed guidance to direct staff.

Residents' nutritional needs and weights were kept under review and any identified issues were addressed. For example, referrals to the dietician for weight management guidance was made where required and the dietician's recommendations were recorded and were being implemented. Residents were supported and encouraged to eat healthy balanced diets and partake in an exercise programme.

Residents had access to the kitchen to prepare drinks and snacks at any time. The inspector found that residents had the choice to return to apartment for their lunch during the day whilst attending day programmes. Residents told the inspectors that they chose what they wanted to eat, were involved in food shopping and meal preparation and that they always enjoyed the meals in the centre. At the time of inspection there were no residents who had special dietary requirements.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that the person in charge had established and maintained medication management systems in line with the organisational policy and procedure.

The local policy guided practice and included the arrangements for storing and administration of medicines to residents. Medication was administered via blister packs. The policy also outlined the ordering and prescribing of medication procedures to guide all staff. The inspector reviewed the prescriptions and medication administration records and found that they were clearly written and complied with best practice. Medication was stored appropriately, and there were no medications that required strict control measures at the time of inspection.

There was a system in place for the reporting and management of medication errors. The inspector found that at the time of inspection all medication errors were reported as required and had being processed according to the policy in place. Medication

management training had been completed by all staff working in the designated centre.

The inspector found that residents had been offered opportunity to self medicate and were assisted to develop the skills to safely complete safe medication management training. All documentation was completed to reflect a robust system to assist the residents in achieving this independence.

Judgment:
Compliant

Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider had established a clear management structure, suitable supports were available to staff and there were systems in place to review and improve the quality of service.

The person in charge had responsibility for the overall management of the service and for overseeing the quality of care delivered to residents. The person in charge and staff knew the care needs of residents and demonstrated a clear commitment to improving the service offered to these residents.

The role of person in charge was full time and the person who filled the post was suitably qualified and experienced. The person in charge had relevant health care and management qualifications and had extensive experience working with people with intellectual disabilities. There were arrangements to cover the absence of the person in charge and there was an on call out of hours rota system in place to support staff.

There were systems for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded and kept under review within the centre for the purpose of identifying trends. Members of the organisational management team had commenced unannounced visits to the centre every six months, on behalf of the provider, to review the quality of service and compliance with legislation. Findings from all audits and reviews were communicated to the person in charge for attention and

were also reported to the provider nominee for inclusion in the annual review.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspectors found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had been suitably recruited and had received a range of training appropriate to their roles.

There was a planned and actual staff roster which inspectors viewed and found to be accurate. Staff were present in the centre to support residents at all times including weekends. One resident received a home-based service in the centre and staff were available to deliver a range of activities and supports to this resident. Staff also accompanied residents for outings, such as concerts and trips away and when they wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for a walk or to attend social events. Residents were also independent in accessing the local community.

Staff confirmed and training records indicated that staff had received training in fire safety, adult protection, behaviour management and manual handling, all of which were mandatory in the organisation. In addition, staff had received other training, such as training in medication management.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The centre had provided and maintained policies and procedures in line with Schedule 5 of the regulations. Records were kept and maintained in a safe and secure manner in the centre. Written operational policies were in place to inform practice and provide guidance to staff in the designated centre.

A directory of residents was available in the centre which outlined all residents residing in the centre, any discharges, transfers or occasion when residents were away from the centre as required by the regulations.

Information was available to residents such as residents guide, statement of purpose and recent audit reports. Where required these were also in a format suitable for residents' communication needs as identified in personal plans. Residents' files were found to be complete and were kept up-to-date.

The person in charge provided evidence of the insurance certificate and contract for the centre which protected residents, staff and visitors attending the centre.

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:

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