

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballinamore Accommodation
Centre ID:	OSV-0002684
Centre county:	Leitrim
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:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 14 July 2016 09:00 To: 14 July 2016 17:30

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 was the third inspection to the centre and it was unannounced. As part of this inspection the inspector reviewed actions from the previous inspection of 18 and 19 November 2014. Of the five actions required four were satisfactorily addressed, however one remained substantially compliant.

How we gathered our evidence

The inspector met with three residents during the course of the inspection. The residents appeared content and happy during discussion. They spoke with fondness of their staff and the person in charge. All residents had private bedrooms which were decorated to their choice. The person in charge outlined that residents were supported to access the community and attend social events with support or independently if they chose. Residents had a say in their care needs and they were consulted with about the running of the centre.

The inspector met with three staff, inclusive of the person in charge, on the day of inspection. The inspector observed that staff responded and interacted with residents in a warm and respectful manner. During the course of the inspection the inspector

completed a walk around of both premises internally and externally.

The inspector reviewed the following documentation; daily logs, personal plans, medication records, risk assessments and safety records in the course of the inspection. Policies and procedures were found to be available and staff were competent in the knowledge of these documents, such as safeguarding, complaints and safety procedures. However there was improvement required in relation to review of the policies and procedures, which will be further outlined in the outcome.

Description of service

This centre comprised of two semi detached houses, each house had the capacity for four residents. This was reflected in the statement of purpose which the inspector found described the service provided to all residents. The houses were well decorated and well maintained with adequate space in communal living areas to facilitate visitors.

Overall judgement of our findings

Ten outcomes were inspected against, two were found to be substantially compliant and one was moderate non compliant. Overall, the inspector found that residents received a good quality service in the centre. Residents were supported to attend day services that reflected their needs and choice.

Areas for improvement were identified in terms of;

1. Risk management in particular fire safety.
2. Governance and management in terms of the annual review.
3. Records, in terms of review of policies within the three year timeframe.

These findings along with others are further detailed in the body of the report and in the action plan at the end.

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):

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

Findings:

The inspector found that improvements had been made since the last inspection. The centre had installed thermostatic shower controls which enabled residents to be fully independent with their intimate care without the need for assistance, respecting their privacy and dignity in accordance with the regulations. The inspector observed that staff engaged with residents in a positive and warm manner.

There was a complaints process in place in the centre. The centre had a system for recording and reviewing complaints. The inspector reviewed the complaints log and found that all complaints had been addressed with appropriate supports from multidisciplinary (MDT) persons where required. At the time of the inspection there was one complex complaint in process that had not been resolved. The inspector spoke with the person in charge about this. The inspector found that response was satisfactory and quality care was the priority throughout this process, with MDT input and additional resources provided. The inspector observed the complaints procedure was accessible to residents. There was a nominated person to manage complaints which was reflected in the organizational policy, staff and residents were familiar with this person. Residents informed the inspector that they would talk to staff if they had a complaint. Residents spoken with felt happy that their complaints had been received and dealt with satisfactorily.

The centre provided access to advocacy services which was sourced externally and the contact details were available in the centre. The inspector was informed by staff and from daily logs that advocacy services had been accessed by residents and was available as required.

Residents informed the inspector that daily papers were purchased for them to be aware of local activities such as music or sporting events they could attend. A shared computer was available for all residents in the communal living space which had internet access. Another resident had computerised tablet as outlined in their personal plan.

All residents had their own bedrooms, which were personalised and decorated to their choice, with photographs and personal memorabilia on display. This enabled residents to have their own storage to ensure they retained control over their possessions.

Overall the inspector found that the centre provided the residents with the ability and choice to exercise independence and choice, For example, some residents maintained active employment, accessed the community independently.

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 actions from the previous report had been completed. This was reflected from the review of four resident's personal plans in the centre. Contracts of care were provided to all residents, which were signed by all parties and dated. The inspector also observed that a recent admission had received their contract within the 28 day period.

The centre had a policy to guide the admission process and the person in charge outlined the importance of suitable assessment for placement prior to admission. The majority of residents had been living at the centre for a significant length of time.

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:

There were no outstanding actions from the previous inspection. The inspector found that there were systems and practices in place to ensure residents welfare was maintained to a high standard.

The inspector found that all residents had a comprehensive assessment of health, personal, social and support needs clearly documented. There was evidence of multidisciplinary team (MDT) input in the four personal plans reviewed, which was relevant to the needs of the residents. All plans had been reviewed annually at a minimum and in line with their changing needs. Consultation and engagement with family was reflected in daily logs, personal goals and attendance at MDT meetings.

The residents' personal plans' reflected the supports such as family members and close friends who are important to the resident. In the personal plans reviewed, goal setting was seen through active employment, holiday planning and social trips such as shopping. Goals were reflective of residents' needs. There was a system on file of annual review of goals identified for the residents. Team leader and person in charge also complete an annual questionnaire on residents' goals. This included supporting residents with everyday life skills, access to education and recreational activities. Progress was recorded in daily care notes.

Residents' understanding and documentation reviewed by the inspector was in line with the centre's policy on admission and discharges to the centre. The inspector found that a recent admission had documentation reflecting consultation prior to admission and the daily care logs outlined the visits prior to admission.

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:

While there were some systems in place to ensure the health and safety of residents, staff and visitors was promoted in the centre. However some improvements were identified for example, the inspector observed that not all fire doors had self closures.

The inspector found that the person in charge completed monthly health and safety audits for the centre. Staff meetings and house meetings reflected discussion on all aspects of safety in the centre including fire safety and general maintenance of the centre.

Staff and residents were aware and familiar with fire procedures. Fire procedures were clearly displayed in the centre. The inspector reviewed the fire safety folder which included; policy and procedure for the centre, service records of fire equipment and alarms, daily and weekly checks of fire exits, doors and emergency lighting. Fire drills had been completed in the centre and all residents had successfully participated. Learning from fire drills was reflected in the records of this procedure. All residents were independent in evacuating during fire procedures. Personal emergency evacuation plans were developed for residents if staff felt they were required following an assessment of need, for example mobility issues. All staff had been trained in fire safety. The inspector observed that not all fire doors had intumescent strips installed.

The centre had a safety statement which was in date and a review date was recorded. A risk management policy and procedure was in place to support staff and residents in identifying and managing risks. Individual risks were identified in residents' personal plans which outlined control measures to support residents. Regular reviews of risk assessments were completed in the personal plans.

There were systems in place to ensure the hygiene and cleanliness of the centre was well maintained with the involvement of the residents.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There were measures and systems in place to protect residents from being harmed or abused.

There was a policy on safeguarding adults from abuse. All staff had attended training in the prevention of abuse, which was recorded in the training records. Staff spoken with were knowledgeable and familiar with the systems in place, and were confident about their requirements to ensure residents safety was maintained. The person in charge was also aware of their responsibility to ensure appropriate measures were in place for management of allegations of abuse. There were no allegations of abuse at this time in the centre. Residents were informed of the designated officer. Residents informed the inspector that they felt safe and supported in the centre.

The centre had a policy on positive behaviour support and managing behaviours that challenge. All staff had training on managing behaviours that challenge. In the behaviour support plans reviewed, strategies for identifying triggers of behaviours were outlined with support and reactive strategies. The plan also had comprehensive MDT engagement.

The centre had a policy on restrictive practice but there were no restrictive practices occurring in the centre at the time of inspection.

Systems had been provided for the management of residents finances. There were minimal supports required at the time of inspection as the majority of residents managed their finances independently. Residents received support around planning and budgeting for activities such as trips or social outings. The person in charge completed regular financial audits. The inspector found that residents were supported to be independent with their finances with little or no supports.

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 all residents' healthcare needs were adequately met. Residents had access to a general practitioner (GP) of their choice and a range of other healthcare services if required.

The inspector found that residents had access to GP facilities. Appointments were made as required and annual checks were completed by the GP. Referrals to additional medical consultants had been made when required and were ongoing for some residents. Residents had been supported to access health professionals such as dietician, optician, dentist and chiropody. This was available when required for all residents.

The inspector found that staff were knowledgeable about the residents healthcare needs. Appointments with health professionals were recorded and recommendations were acted upon. The health plans were regularly reviewed, updated and it was evident they guided practice. Interventions were also clearly acted upon and well documented in the personal plans.

The food and nutritional needs of residents were identified through residents' weekly meetings. The staff were knowledgeable about the residents' preferences. Dietetic services had been accessed for two residents which was on-going. Residents had access to the kitchen areas which were supplied with adequate provision of foods and drinks of their choice.

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 inspectors found there were policies and procedures in place for the management of medication which was in line with the information required in the regulations.

There was a centre specific medication policy in place which detailed the local procedures and arrangements. This outlined the centres' arrangements with the local pharmacist. Staff told the inspectors about the procedures in place for collecting the weekly medication. Residents were involved with this process and one resident who self medicated collected their own medication.

Where residents were self medicating risk assessments were completed. A monthly review was completed to ensure the resident was correctly self administering by the person in charge. There was also a system in place to oversee medication stock control. Two staff checked the medication stock weekly. The person in charge also completed their own medication audit inclusive of as required medication (PRN) and medication errors.

Medication errors had been recorded and the person in charge had identified strategies to support residents when this occurred. Learning was also documented from the errors observed.

Inspectors reviewed the prescription sheets for a number of residents and found that each medication was accompanied by a signature from a GP. Medication was administered in the required timeframe. Discontinued medication was signed off by a GP.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall the centre had effective governance in place , however actions were still outstanding from the previous inspection.

The inspector found that the person in charge was competent in her role, ensuring that clear lines of accountability and governance systems were in place for the centre. The person in charge provided records of audits of systems in the centre for example health and safety, medication management, training and training records. The person in charge also managed a day service that facilitated the residents from the centre and an outreach service. The person in charge was supported by a team leader in the centre and the regional services manager. This support was reflected in staff meetings minutes and household meetings. Staff and residents spoke with confidence about the support they received from the person in charge.

There were audits in place to monitor and review practice within the centre, relating to health and safety, medication management, risk assessments and fire safety which reflected on-going quality monitoring and improvement.

The six monthly unannounced audits had been completed and a record kept in the centre. This audit was available for staff and residents.

At the time of inspection no annual report had been completed for the centre. The person in charge was aware that annual reports were required under regulation 23(1)(d), however the inspector was informed that the organization were currently devising a template.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there was suitable staffing support provided for residents' needs which was reflected in the statement of purpose. Additional supports were

provided as interim measures if residents required this for example, when residents were unable to attend day services due to illness. There were ongoing reviews of the centre and supports required as seen in the house meetings and staff meetings minutes, which were held in the centre on a monthly basis.

The staffing roster was reviewed and found to reflect the staff on duty on the day of inspection. The person in charge informed the inspector that she attended the centre on a regular basis. The residents and staff all stated they were familiar with her and spoke positively about how she managed the centre. Staff informed the inspector they receive annual appraisals and monthly support meetings. The person in charge informed the inspector that staff meetings were conducted monthly which were centre specific. The minutes were reviewed and the inspector found that there was good management and staff attendance reflected. A team leader was also employed at the centre and supported the person in charge in her role.

Training records were provided for all staff working within the centre which included the safe administration of medication, fire safety, challenging behaviours and adult safeguarding and Children's First. The person in charge showed the inspector that systems were in place on the organizations internet to alert managers if areas of training were outstanding.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

All of the written policies and procedures as required by Schedule 5 of the Regulations were in place. However some policies had not been reviewed in the previous three years, such as the medication management and missing persons policy.

The inspector found that the person in charge had robust systems in place for documentation and filing.

The inspector found the records that were required to be retained in the centre as listed in schedule 3 (residents records) and schedule 4 (general records) of the regulations were in place.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Catherine Glynn
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:	Ballinamore Accommodation
Centre ID:	OSV-0002684
Date of Inspection:	14 July 2016
Date of response:	25 August 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 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:

As outlined in the report robust systems were not in place to ensure containment in the event of a fire.

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

1. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Intumescent strips and self-door closures will be applied to all relevant doors as advised by Architect.

Proposed Timescale: 30/09/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was no annual review completed in the centre.

2. Action Required:

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

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

An annual review of the service will be completed in line with a new organisational process and template.

Proposed Timescale: 31/10/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

A number of policies were not reviewed in the three year time frame.

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.

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

All schedule 5 policies are under review in line with the organisations new Policy development framework, which includes controlled sheet identifying changes and review date.

Proposed Timescale: 31/12/2016