### Compliance Monitoring Inspection report

#### Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002687</td>
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<td>Centre county:</td>
<td>Sligo</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>RehabCare</td>
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<tr>
<td>Provider Nominee:</td>
<td>Michael O’Connor</td>
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<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
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<tr>
<td>Support inspector(s):</td>
<td>Catherine Glynn</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the</td>
<td>4</td>
</tr>
<tr>
<td>date of inspection:</td>
<td></td>
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<tr>
<td>Number of vacancies on the</td>
<td>0</td>
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<tr>
<td>date of inspection:</td>
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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 unannounced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
29 June 2016 12:30 29 June 2016 19:00
30 June 2016 10:00 30 June 2016 14:30

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

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

Background to the inspection
This was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The previous inspection was on 29 July 2014 and as part of the current inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence
As part of the inspection, inspectors met with all four residents living in the centre and with staff members. These residents told the inspectors that they were very
happy living in the centre, with the level of support from staff and with the activities that they participated in. Inspectors observed residents to be happy and comfortable in their daily activities and in their interactions with staff and the management team. Inspectors also reviewed documentation such as care plans, medical records, policies and procedures and staff files.

Inspectors also read resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA) before and during the inspection, which indicated a good level of satisfaction with the service. An inspector also spoke with a relative of one of the residents, who was highly complimentary of staff and of the care provided. An interview was carried out with the person in charge.

Description of the service
The provider must produce a document called the statement of purpose that explains the service provided. Inspectors found that the service was being provided as it was described in that document, although some minor amendment to the statement was required. The centre comprised of a house which could accommodate up to four residents. There was ample communal space and an accessible garden. The service was available to adult men and women who have intellectual disabilities.

Overall judgment of our findings
Overall, inspectors found that the provider had put systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents, the details of which are described in the report.

Good practice was identified in the following areas:
• communication (outcome 2)
• positive relationships with family and friends was promoted (outcome 3)
• residents had suitable service contracts (outcome 4)
• positive social care was promoted (outcome 5)
• safe and suitable premises (outcome 6)
• safeguarding and safety (outcome 8)
• notification of incidents (outcome 9)
• general welfare and development (outcome 10)
• health care (outcome 11)
• governance and management (outcome 14)
• absence of the person in charge (outcome 15)
• use of resources (outcome 16)
• sufficient staff on duty to deliver care to residents (outcome 17)
• suitable records and documentation were retained (outcome 18).

Inspectors also found that some governance and management systems required improvement and had resulted in:
• unclear arrangements for an aspect of complaints management (outcome 1)
• health and safety risks being identified and improvement required to fire safety procedures (outcome 7)
• unsuitable arrangements for the storage of unused and out of date medication (outcome 12)
• the statement of purpose required some further development (outcome 13).
The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 01: Residents Rights, Dignity and Consultation</strong>  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.</td>
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**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that residents were consulted in how the centre was planned and run, and had access to a complaints procedure. However, some improvement to the complaints policy was required.

Residents told the inspectors that there were weekly residents’ meetings held at which they could make plans and discuss issues of importance to them, including personal events, activities and planning their meal choices and shopping lists for the coming week. Residents were also involved in light household activities. Residents' bedrooms were redecorated as they wished and some residents told inspectors that they had chosen the colour schemes.

There was a system for recording and reviewing complaints. An inspector reviewed the complaints recording system and found that all complaints had been suitably addressed and finalised. The complaints procedure, written in a legible format, was displayed, and clearly identified the person nominated to manage and record complaints. There was a complaints policy, which included an appeals process available to guide staff. The policy, however, did not include details of the person nominated to ensure that all complaints were suitably recorded and resolved as required by the regulations.

Residents had access to advocacy services and contact details were clearly displayed.
Residents told inspectors that they would talk to staff if they had any complaints or worries and they felt confident that they would be addressed.

Inspectors observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms and could lock their bedroom doors if they wished to. Residents had their rooms decorated with photographs, pictures, trophies and personal belongings and had ample wardrobe space.

An intimate personal plan had been developed for each resident to ensure privacy and dignity was being respected during the delivery of intimate care and that maximum independence was promoted.

Residents' civil and religious rights were supported. All residents were registered to vote and could attend the local polling station if they chose to do so. There was a church nearby which residents could visit accompanied by staff.

Inspectors 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.

**Judgment:**
Substantially Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 02: Communication</strong></th>
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<tr>
<td>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.</td>
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</table>

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There were suitable communication systems in place to support residents.

Although all residents in the centre could articulate their views verbally, further systems, such as sign language, pictorial supports and communication plans were in place to enhance communication with residents.

There was information for residents displayed in accessible format in the centre, including information on the complaints and advocacy procedures, weekly meal planner with colour pictures of chosen meals, the resident responsible for cooking each day and healthy eating guidance. There was also a pictorial chart, in suitable format, depicting
the staff on duty at any time and this was accurate for the time of inspection.

All residents had access to televisions, radio, newspapers, postal service and reading material and internet. There was also a computerized tablet in the centre for residents’ use.

Judgment:
Compliant

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents who lived in the centre were supported to maintain relationships with their families and were encouraged and supported to interact in the local community.

There was an open visiting policy and family and friends could visit at any time. Residents also visited and regularly stayed with family members. Residents told inspectors that they maintained good relationships with their family and friends. During the inspection one resident went out with friends in the evening. A relative who spoke with an inspector confirmed that visitors called to the centre frequently and were also made to feel welcome. The relative also stated that there was plenty of comfortable space where residents could meet with visitors in private.

Families were invited to attend and participate in residents’ annual planning meetings and reviews of residents’ personal plans. Records indicated that families were kept informed and updated of relevant issues. Most residents visited a day service each weekday where they had the opportunity to meet and socialise with friends.

Residents said that they were supported to go on outings, attend sporting and entertainment events and dine out in local restaurants. Residents frequently visited the shops and amenities in the town.

Judgment:
Compliant
### Outcome 04: Admissions and Contract for the Provision of Services

**Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.**

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Contracts for the provision of services had been agreed with all residents. An inspector reviewed some contracts and found that they were informative and reflected the service provided.

There was a policy to guide the admission process and the person in charge was aware of the importance of suitable assessment prior to admission.

**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:**
Inspectors found that each resident's social wellbeing was maintained by a high standard of care and support. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre, at day centres and in the community.

Each resident had a personal plan which contained important personal information about the residents’ backgrounds, including details of family members and other people who
were important in their lives. Plans set out each resident’s individual needs and identified life goals.

There was an annual meeting for each resident attended by the resident, their family and support workers to discuss and plan around issues relevant to the resident’s life and wellbeing. Throughout the year, progress on achieving goals was reviewed by staff. In a sample of files viewed, inspectors found that the goals identified for the previous year had been achieved and current goals were being progressed.

There were a range of activities taking place in day services and residents’ involvement was supported by staff. Some residents attended day services while for one resident, who was retired, activities were held in the centre.

Staff also supported residents’ access to the amenities in the local community such as shopping, eating out, meeting their families, attending sporting events and leisure outings. There was a vehicle available to transport residents to day services or other activities they wished to participate in. Arrangements were also made for residents to take holidays, go for outings and attend concerts and musicals. Residents told inspectors of attending concerts, parties and outings and of participating in sports, which they said they enjoyed. Residents also showed inspectors photographs of these events and trophies that they had won.

**Judgment:**
Compliant

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**Outcome 06: Safe and suitable premises**

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**

The design and layout of the centre suited the needs of residents. The centre was well maintained both internally and externally and was clean, warm, suitably furnished and comfortable. There was a variety of communal day space including a sitting room, two conservatories and a large kitchen with dining area.

All bedrooms were for single occupancy. Bedrooms were bright, well furnished and personalised with residents’ personal belongings, pictures and souvenirs. Residents had adequate personal storage space and wardrobes. All bedrooms had en suite toilet and
shower facilities and there were sufficient additional bathrooms and showers, including assisted facilities. Some of the bedroom doors were fitted with push pad automatic opening mechanisms to promote the independence of the frailer residents. In addition, sensor lights had been fitted in some communal areas to increase the safety of residents.

Inspectors found the kitchen to be well equipped and clean. There was a separate office for staff use.

There was a well equipped utility room with laundry facilities, where residents did their own laundry. Residents had access to a washing machine, tumble drier and outdoor clothes line.

There were suitable arrangements for the disposal of general waste. Refuse bins which were stored externally and were emptied by contract with a private company. There was no clinical waste being generated in the centre.

Residents had good access to the outdoors. There was a safe, well maintained garden and seating areas at the back of the house.

The centre is situated in a quiet location in an urban area with access to amenities such as shops, restaurants and churches nearby.

**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:**
Inspectors found that there were good systems in place to protect the health and safety of residents, visitors and staff. However, improvement was required to fire evacuation plans, risk assessment and fire training, although the fire training issue had been addressed promptly after the inspection.

There was an up to date health and safety statement. There was also a risk management policy and risk register which identified measures in place to control identified risks. 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 residents were identified and control measures
documented in residents' personal plans. Systems were in place for the regular review of
risk. However, although the risk register was generally comprehensive and informative,
the use of some exit doors, which involved the use of steps, had not been assessed to
establish whether or not they constituted risks.

Inspectors reviewed fire safety policies and procedures. There were up to date servicing
records for all fire fighting equipment, fire alarms and emergency lighting. There was a
range of internal safety checks being carried out. For example, weekly checking of fire
alarms and escape routes, and these checks were being recorded. The procedures to be
followed in the event of fire were displayed. The provider had measures in place to
control the spread of fire. All internal doors were fire doors and these had been fitted
with self closing mechanisms.

All staff, except one, had received formal fire safety training. The person in charge had
not undertaken fire safety training, this was scheduled to take place in the near future.
Shortly after the inspection the person in charge advised the inspectors that this had
been addressed and that she had attended fire safety training. Other staff who spoke
with inspectors confirmed that they had attended fire safety training.

Fire evacuation procedures and drills required improvement. Monthly fire evacuation
drills were being carried out involving all residents and staff. Records of all fire drills
were maintained which included the time taken and comments recorded for learning.
Records indicated that fire evacuations were completed in a timely manner. Residents
also told inspectors how they would evacuate if they heard the fire alarm. However, no
fire drills had been undertaken during night-time hours, or to simulate night time
circumstances. Individual evacuation plans had been developed for each resident, but
there was no overall evacuation plan for night time when there was one staff on duty
and residents would be sleeping. Therefore, the person in charge and staff did not have
guidance on the management of an emergency at night.

There was an emergency plan which provided guidance to staff in the event of a
number of different types of emergencies and included arrangements for alternative
accommodation.

The building was maintained in a clean and hygienic condition. Hand sanitizers were
available for use by residents, staff and visitors.

**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 in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults from abuse and there was a training schedule which ensured that each staff member attended training in prevention of abuse at three yearly intervals. Members of the management team, and staff, who spoke with inspectors, confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area and clearly outlined the measures which would be taken in response to an abuse allegation. To date no allegations or suspicions of abuse had occurred in the centre.

There was also a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies. All staff had attended training on managing behaviours that are challenging. The inspector observed staff interacting with residents in a respectful and friendly manner.

There were no residents using bed rails or any other form of restraint.

**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):
No actions were required from the previous inspection.

Findings:
Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents. All required incidents and quarterly returns had been notified to HIQA.

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):
No actions were required from the previous inspection.

Findings:
Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills.

Residents were involved in basic household chores, such as baking and laundry, as a form of skill building. During the inspection inspectors saw residents making meals and one resident baked a batch of scones for the tea. All residents stated that they were involved in doing their laundry and some housekeeping.

There were a range of developmental and social opportunities available to residents in both the day service and the local area. For example, one resident was very involved in hand made craft classes and showed inspectors a selection of handbags that they had made. Another resident attended knitting classes in the centre and had made a selection of items including clothing for themselves, as well as gifts for friends. Other activities which residents were involved in included drama, computer classes, pilates and social outings. Several residents also participated in sports, including involvement in the Special Olympics.

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:
Inspectors 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. 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 as necessary. 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.

Individualised support plans were in place for 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, referral to the dietician for weight management guidance was made for a resident 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. During the inspection inspectors saw residents eating healthy home cooked meals. Some residents took part in exercise plans in the centre while others went out walking as a form of light exercise. Some residents also told inspectors of being involved in active sports and recreation such as bocce and using a treadmill.

Residents had access to the kitchen to prepare drinks and snacks at any time. 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors found that residents were protected by safe medication management policies and practices. However, improvement to storage of unused or out of date medication was required.

The person in charge had facilitated residents with a pharmacist of their choice and they had support in their dealings with the pharmacist. The person in charge had completed risk assessments for residents who took responsibility for their medications. Two residents were supported to self medicate and comprehensive care plans was in place outlining support required. Appropriate storage facilities were provided for the residents involved in self medicating. Inspectors noted that the person in charge had monitored recorded errors and quality improvements had been implemented such as changes to blister packs.

An inspector reviewed a sample of residents’ medication files which were clear and legible and that medication information was filed appropriately with all interventions and guidelines as provided by the pharmacist. Staff were observed administering medication with the permission of the resident and in line with policy. Inspectors found that the person in charge and staff were informed and aware of local policies and procedures that were in place for all residents. Staff were respectful and supportive during this process. The prescription sheets for a number of residents were viewed by an inspector who found that each medication was accompanied by a signature from a GP, medication was administered in the required timeframe and discontinued medication was signed off by a GP.

There were procedures in place in relation to ordering, collection and storage of medication for residents. However, inspectors found that improvement was required as there was no separate or segregated storage for out of date or returned medications in the centre as required in the regulations.

Since the previous inspection, actions implemented included for example, the maximum dose on "as required" (PRN) medication sheets which were separate to everyday medications.

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

**Findings:**
The inspector found that the statement of purpose described the services provided in the designated centre and met the majority of the requirements of the regulations. However, some required information, such as details of specific therapeutic techniques provided in the centre, staffing numbers expressed as whole-time equivalents and the facilities provided by the registered provider to meet the care needs of residents, were not clearly presented.

The person in charge reviewed the statement of purpose annually.

**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):**
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.

The person in charge met with her line manager every six weeks but stated that he was contactable at all other times.

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

A member of the organisation's quality management team, on behalf of the provider, had carried out an annual review of the service in the format of an 18 outcome audit. The person in charge explained that the format of the annual review had been considered and was being revised to more comprehensively reflect the improvement in the service over the previous year. She confirmed that a revised report template had been developed for this, which was to be used for all further annual reviews in the organisation.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had ensured that staff attended relevant training.

**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):**

No actions were required from the previous inspection.
Findings:
The person in charge and her line manager were aware of the requirement to notify HIQA of the absence of the person in charge.

There were arrangements in place to cover the absence of the person in charge both during planned absence and out of hours.

Judgment:
Compliant

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

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was evidence of adequate resources to ensure effective delivery of care and support. The centre was adequately furnished and equipped and there were resources, including transport, to facilitate residents’ occupational and social requirements.

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

Feedback from families who spoke with an inspector or returned questionnaires to HIQA indicated a high level of satisfaction with staffing numbers and the care provided to residents by staff. One family member spoke of her relative having a ‘good quality relationship with staff’ while another stated that staff are excellent and are ‘very kind, hardworking, patient and jovial.’

Staffing levels were based on the needs of residents and were determined by reviews of residents' care needs by the person in charge and the multidisciplinary health care team. 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. 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.

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. There were separate staff to support residents who attended day services.

The inspectors found that staff had been recruited, selected and vetted in accordance with the requirements of the regulations. An inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the regulations such as suitable references, photographic identification and employment histories.

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 and food safety 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors found that records as required by the regulations were maintained in the centre.

During the course of the inspection a range of documents, such as the residents guide, medical records, accident and incident records, staff recruitment files and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made available to inspectors. Records were orderly and suitably stored.

All policies as required by Schedule 5 of the regulations were available to guide staff. The policies were readily accessible to staff.

**Judgment:**
Compliant

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**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:**

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002687</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>29 June 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04 August 2016</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A person had not been nominated to ensure that all complaints were suitably recorded and resolved as required by the regulations.

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 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

**Please state the actions you have taken or are planning to take:**
Complaints Policy will be reviewed and the nominated person/post will be named in the Policy by the 31st December 2016.

**Proposed Timescale:** 31/12/2016

### 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:**
Some potential risks in the centre had not been evaluated to establish whether or not they constituted risks to residents.

2. **Action Required:**
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
Risk Assessments identifying control measures to mitigate against any potential risks will be completed by 30th September 2016.

**Proposed Timescale:** 30/09/2016

**Theme:** Effective Services

3. **Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
Night time Fire Drill will be conducted by 31st August 2016 and annually thereafter.

**Proposed Timescale:** 31/08/2016
**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:
The provider is failing to ensure out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products.

4. **Action Required:**
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
In line with organisational policy out of date or returned medicines will be stored in a separate locked box and returned to the Pharmacy by August 31st 2016 and when required thereafter.

**Proposed Timescale:** 31/08/2016

**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:
The statement of purpose did not meet some of the requirements of Schedule 1 of the regulations.

5. **Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose will be reviewed in September 2016. All requirements of Schedule 1 of the regulations will be met.

**Proposed Timescale:** 30/09/2016