

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0003468
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Rachael Thurlby
Lead inspector:	Jackie Warren
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:	3

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
31 March 2016 11:45	31 March 2016 14:45

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

Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This single issue inspection was carried out in response to unsolicited information in relation to safeguarding and staffing levels in the centre. The previous inspection was a registration inspection which took place on 8 September 2015 when a good level of compliance was found.

How we gathered our evidence

As part of the inspection, the inspector met with staff members and reviewed training records and staff files. Further documents relating to safeguarding practices were supplied by the provider and reviewed after the inspection.

Description of the service

The centre comprised of five separate self contained apartments within one two storey building. One of these units was a transitional living unit and was intended to be used for people who were transitioning from supported to independent living in the community. The service is available to nine adult men and women with acquired brain injuries.

Overall judgment of findings

The inspector found that the provider had not maintained systems to ensure that the regulations were being consistently met. This resulted in potential risks for residents in some cases, the details of which are described in the report.

The inspector found that the lack of effective governance and management systems had resulted in:

- inadequate safeguarding training which could expose residents to risks (outcome 8)
- a suspicion of abuse had not been reported to the Chief Inspector as required by the regulations (outcome 9)
- inconsistent access to senior management support and identifying training needs (outcome 14)
- night staffing arrangements were not always adequate to meet the needs of residents which presented a risk that all residents' needs might not be consistently met and that all residents' health and safety may not be adequately maintained (outcome 17).

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.

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 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:

While there were measures in place to protect residents from being harmed or abused, these were not fully effective or in line with the organisation's policy. The inspector found that improvement to staff training in abuse protection was required.

There was a policy on adult service user protection which was informative and included guidance to staff on how to respond to allegations or concerns about abuse. Staff who spoke with the inspector were aware of the policy and stated that they could access it if they required; either to read it or for information.

Although adult protection was identified as mandatory training both in the regulations and in the organisation some staff had not received this training to date. During the previous inspection it was found that all staff had been suitably trained. However, during this inspection, training records indicated that not all current staff had received it. Following the inspection a senior manager confirmed that staff who had been recruited in December 2015 and January 2016 had not been trained in adult protection.

Some staff who were present during the inspection told the inspector that they had not received training from the organisation on protecting vulnerable adults from abuse. Notwithstanding, these staff had a general knowledge of what constituted abuse and outlined how they would report any suspicions. Other staff stated that they had received training in adult protection and were clear about what constituted abuse and how they would report any suspicions. All staff stated that they could access and read the policy if required.

Records relating to the management of suspicions or allegations of abuse were not available to view during the inspection, but were made available to the inspector in the following week.

The management of restraint and the safekeeping of residents' valuables were not reviewed on this inspection.

Judgment:

Non Compliant - Moderate

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:

During the course of the inspection it became evident that there had been an episode of suspected abuse in the centre in the past. Documentation relating to this event was not available during the inspection. Following the inspection a senior manager confirmed that there had been a suspicion of abuse in the past and that an investigation had taken place. The manager supplied the inspector with a copy of an investigation report summary which stated that the suspicion had not been founded and that no abuse had taken place.

This suspicion of abuse had not been reported to the Chief Inspector as required by the regulations.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

This outcome was not examined in full at this inspection.

During the previous inspection there had been an action in relation to the working hours of the person in charge and this had been addressed. Arrangements had been made to ensure that the role of the person in charge was full time.

During this inspection, the inspector found that some aspects of governance were not working effectively and required improvement. These related to access to senior management support, responsibility around identifying training needs and access to relevant documents during the inspection.

On the day of the inspection, the person in charge was not available and another manager had been identified to deputise in her absence. However, senior managers could not be contacted by staff in the centre during the course of the inspection. It was later explained that this had been the result of a miscommunication of information regarding the person who was deputising for the person in charge. The absence of clear deputising or support arrangements at all times, and communication of this support to staff, presented a risk that staff may not be adequately supported in the event of a serious incident or emergency.

It was identified during the inspection that several staff had not been provided with mandatory training in adult protection as required by the regulations and by the organisations own practice. It was unclear as to who's responsibility it was to arrange and ensure that this training was attended by staff. There was no evidence that either the person in charge or the training officer had identified this training need.

Records relating to incidents and concerns which were required for review during the inspection were not accessible for review.

Judgment:

Non Compliant - Moderate

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:

This outcome was not examined in full at this inspection but was reviewed in relation to staffing levels.

It was brought to the attention of the inspector both prior to and during the inspection that staffing levels were not always adequate to meet the needs of residents. The inspector was told, and the person in charge confirmed following the inspection, that staffing levels had in the recent past been increased and staff had been allocated to remain awake at night to ensure that the care needs of all residents could be met. At the time of inspection this arrangement had been discontinued and one staff was assigned for sleepover duty in the centre at night time. There was no evidence or needs assessment available during the inspection to demonstrate that this reduced level of staffing was now appropriate or that it was based on the assessed needs of residents at the time. The absence of sufficient staff at night presented a risk that the needs of all residents might not be consistently met and that all residents' health and safety may not be adequately maintained.

Judgment:

Non Compliant - Major

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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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0003468
Date of Inspection:	31 March 2016
Date of response:	10 June 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 08: Safeguarding and Safety

Theme: Safe Services

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

Some staff had not received training in protecting vulnerable adults from abuse.

1. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

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

All of the remaining staff members that had been identified as requiring training, including regular agency staff members, and staff that commenced in employment after the inspection, received training in adult protection on the 22/4/16 and the 29/4/16. One member of staff remains untrained as they are currently on extended leave from the service and are not due to return until 2017.

Proposed Timescale: 29/04/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

A suspicion of abuse had not been reported to the Chief Inspector as required by the regulations.

2. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

All suspicions of abuse are now communicated to HIQA and the HSE as per the regulations and the HSE Safeguarding of Vulnerable Adults Policy.

Proposed Timescale: 31/03/2016

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:

Some aspects of governance were not effective. These related to access to senior management support, responsibility around identifying training need and access to relevant documents during the inspection.

3. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

- As the PIC was on leave at time of inspection agreed protocols were in place to provide management cover for the service. Both a covering PIC and a designated Regional Manager are available while the PIC is on leave, these protocols were in place on day of inspection and both had been in contact with the service to provide support during the inspection, unfortunately this was not adequately communicated to the inspector. An on call manager is available to staff for out of hours support. The staff team including Team Leaders have been reminded of these protocols.
- As the PIC works reduced hours (31 hours per week) a system is in place to provide alternative PIC cover outside of the PICs hours of work, this is detailed in the Statement of Purpose & Function.
- The PIC and Team leaders meet regularly to identify any training requirements for individuals. The RehabCare training department maintain all individual and service training records on a central system, and use a traffic light system for required mandatory training, so that the PIC and Team Leaders can identify clearly all training needed. Staff requiring training are then scheduled for the first available training, this is dependent on available training dates, and the individuals own availability. The team leaders/PPIMs in the service are responsible for nominating staff members for training as per the above structure, and releasing staff from rotas to attend.
- Due to space restrictions in the office service documents are archived on a frequent basis, the organisation has contracted a company to provide this service and documents can be accessed with a short turnaround time.

Proposed Timescale: 31/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no evidence or needs assessment available to demonstrate that current staffing was appropriate.

4. Action Required:

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

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

- A need's assessment has been completed in relation to required staffing levels, a copy of this assessment is available in the service.
- Given the changing and ongoing needs of one service user, this assessment will be reviewed monthly (in collaboration with the multi disciplinary supports) in the event that

the person's support needs stabilise this will then revert to an annual review.

- In the past staffing supports have been increased temporarily in response to increased need, this was discontinued when the person's sleeping and behavioural patterns improved for a period of time. Should the need to reintroduce this level of support arise again in the future, this will be facilitated.
- In the event that immediate assistance is required at night the staff member on duty has access to the support of another staff member from a nearby service. This has not been utilised in the past 6 months.

Proposed Timescale: 03/06/2016