

**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-0004117
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Rachael Thurlby
Lead inspector:	Vincent Kearns
Support inspector(s):	Noelle Neville
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
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: 11 February 2016 08:00 To: 11 February 2016 15:30

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

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was the first inspection of the centre by the Authority.

The person in charge was absent on leave and this inspection was facilitated by the person participating in the management of the service (PPIM)/team leader and the acting person in charge. The inspectors also met with residents and frontline staff.

A significant amount of good practice was evidenced on this inspection.

The location, design and layout of the premises were suited to its stated purpose and the required documentation was in place.

Based on their observations, records reviewed, staff spoken with and discussions with the residents, the inspectors were satisfied that residents were supported by staff to enjoy full and active lives. Residents were comfortable in their environment, with staff, with the inspectors and the inspection process. There was no vacancy in the centre.

However, some regulatory failings and areas where improvement was required were identified. Staff understood how failings had occurred and were open to improvement so as to enhance the good practice that was evidenced. For example,

the centre had still not had an annual review of the quality and safety of the supports and services provided in the centre.

Of the eight outcomes inspected, the provider was judged to be compliant with four and in substantial compliance with three. The provider was judged to be in major non-compliance with one outcome.

The findings to support these judgments are discussed in the body of the report; the failings to be addressed are listed in the action plan at the end of the report.

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

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Records seen, residents and staff spoken with indicated that resident's rights including their right to dignity and consultation were respected by staff.

House meetings were convened regularly in the house and records of these indicated that residents were consulted with as to their preferred activities for the week and their preferred meal choices.

Residents were seen to be given choice and control over their daily routines such as when they got up, what they wished to wear and what they wished to eat. There was evidence that as appropriate to their needs residents were consulted with as to decisions in relation to their care and supports; records were maintained of such consultations.

Residents agreed person centred priorities were also discussed as to their status as were issues such as safeguarding and the forthcoming inspection by the Authority. Each resident had a comprehensive personal plan. This plan was based on an assessment of each resident, the supports that they required based on this assessment and their agreed goals and objectives as ascertained with them through their person centred plan.

Each resident (or their representative) was actively involved in the assessments to identify their individual needs and choices. The personal plans were made available to residents in an accessible format.

A daily record was maintained of each resident's daily activity and interactions.

A complaints log was maintained and evidenced that residents and relatives were comfortable in bringing issues to the attention of staff. There was evidence that the matters complained of were listened to, recorded, investigated and resolved or actions were in progress to resolve them.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

There were measures in place for promoting the health and safety of residents, staff and other persons. These included a health and safety statement, a risk management policy, register of risks and an emergency plan.

The inspectors reviewed the local risk management folder; this included the risks as specifically required by regulation 26 (1) (c) as well as a range of risk assessments specific to the centre. This risk assessments set out the controls in place and responsible persons for their implementation. However, it was not evidenced that the requirements of regulation 26 (1) (e) were being met including measures to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

The inspectors saw that emergency lighting and an automated fire detection system were in place in the designated centre. Fire fighting equipment was prominently positioned and there was evidence of fire doors. Fire escape routes were clear. However, inspectors noted that some fire doors were faulty, there was no smoke detection system in a utility room that contained electrical equipment, fire extinguishers were not present on the second floor where a room that was categorised, according to staff, as a potential fire risk was located and some staff interviewed by inspectors were not familiar with the fire panel readings.

Fire related records were maintained in a building management folder. The inspectors saw certificates confirming that the fire detection, fire fighting equipment and emergency lighting were inspected and tested at the prescribed intervals and most recently in January 2016. Staff maintained records of periodic inspection of fire safety measures, for example daily inspections of the means of escape routes, weekly inspections of the emergency lighting and fire alarm system and monthly inspections of fire fighting equipment.

Training records indicated that staff were provided with fire safety training on an annual basis, staff spoken with confirmed their attendance at training.

Each resident had a current personal emergency evacuation plan (PEEP). Simulated fire drills were convened three times during 2015 from records viewed by inspectors; records of these indicated that good and adequate evacuation times were achieved.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Residents spoken to stated that they were happy living in the centre and were well supported by staff and inspectors noted that staff were respectful and relaxed in their approach and communications with residents.

There were measures in place for protecting residents from being harmed or abused; these measures included policies and procedures, designated persons, risk assessments, staffing training and designated persons. There were no reported incidents of any alleged, suspected or reported abuse.

Family members reported positive experiences and observations of care and practice in the centre. Residents who could said that they felt safe in the centre and associated this sense of security with staff.

All staff spoken with emphasised the importance of knowing individual residents well and supporting them in a person centred way to ensure their individual and collective needs were effectively met. Inspectors were informed that that there was a low turnover of staff, the relationship that developed between staff, residents and their families, training and supervision were pivotal to ensuring the safety of residents. In addition inspectors were informed that most staff vacancies were covered from the existing staff complement.

Training records indicated and staff spoken with confirmed that they had attended training on protection and responding to behaviours that challenge and would know what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

There were no reported restrictive practices and none were observed. Residents were seen to enjoy a good level of freedom and independence in the house and in their routines. Inspectors met each resident at different times during the inspection, as each was engaged in completely different activities throughout the day.

Behaviour management plans were in place for residents with behaviours that challenged and included records of antecedents, daily behaviour supports, communication and coping skills and reactive strategies.

Financial records were viewed by inspectors and some required residents to sign receipts and staff completed resident's financial records. Inspectors reviewed an example transaction to confirm that this process was safe and no discrepancies were noted in the records seen by inspectors.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Inspectors were satisfied that arrangements were in place for assessing, planning and reviewing residents healthcare requirements and that staff supported residents to maintain their health and wellbeing.

Residents expressed that they were in good health and records were maintained of each resident's health status, any known health related issues that required monitoring and/or intervention and actions taken to this effect. For example, one resident with a diagnosis of epilepsy had an epilepsy management plan in place, their condition was well controlled and staff had training in the management of emergency medication.

Based on the records seen inspectors were satisfied that residents had access to timely and regular medical review as appropriate to their requirements. Residents attended the general practitioner (GP) of their choosing and staff liaised with these GPs. Families also supported residents as appropriate. Staff maintained a record of all consultations and recommendations made.

As appropriate to their needs residents had access to other healthcare professionals and services including psychiatry, psychology, dentistry, chiropody, optical review and dietetics.

Residents were facilitated to participate in both the selection and preparation of their meals. Specialised diets were also catered for i.e. gluten free. A good supply of fresh produce including meat, vegetables and fruit was stored in the kitchen.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

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

Findings:

There were policies and procedures in place governing medication management practice. Staff had completed medication management training.

The inspectors saw that there were secure arrangements for the storage of medications and that staff implemented procedures to enhance the safety of procedures; this included a daily stock balance check of each medication.

One resident was managing their own medication regime. A medication management plan was viewed for this resident which was signed by the resident and their GP.

There was a reported low incidence of medication related errors including any dispensing or supply errors.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors reviewed the statement of purpose and noted some minor amendments were required to meet the requirements of schedule 1 of the regulations. These amendments included a requirement to describe the size of the rooms in the designated centre. In addition, it was required to detail any separate facilities for day care if applicable or state if otherwise not applicable.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a clear management structure in place consisting of the team leader/a person participating in management (PPIM), the person in charge and the regional manager. All staff spoken with were clear on their respective roles, responsibilities and reporting relationships. The inspectors were satisfied that all persons involved in the management of the centre demonstrated accountability for the service and the residents, a commitment to regulatory compliance, on-going improvements and positive outcomes for residents. Based on these inspection findings inspectors were satisfied that the centre was on a day-to-day basis effectively governed.

The person in charge was on leave but an acting person in charge had been appointed in their absence. The acting person in charge was suitably qualified in the provision of social care services, was employed full-time and had established experience in the organisation, in the provision of supports to residents and in the supervision of staff. The person in charge was supported in their role by the team leader. The inspectors were satisfied that the PPIM had a solid understanding of the PPIM role, regulatory requirements, understood the process of inspection and was well aware of each individual residents support needs and the requirements for the provision of safe and high quality care to residents.

Staff confirmed that there was an on call out of hours manager available within the wider organisation; the rota was readily available to staff and seen by inspectors.

The team leader informed inspectors that there had been one unannounced visit to the centre in January 2016 to determine the safety and quality of care and supports as required by regulation 23 (2) (a) and (b). However, the acting person in charge confirmed that there had not been an annual review of the quality and safety of care and support in the centre to date as required by Regulation 23 (1) (d); although the acting person in charge informed inspectors that this was scheduled to take place towards the end of February 2016.

Judgment:
Non Compliant - Major

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

There was a planned staff rota and evidence that staffing was arranged to facilitate resident's needs, choices and activities. There was no evidence that the staffing arrangements were not suited to the needs of the residents.

Staff files were made available for the purposes of the inspection. Some minor additions were required to some staff files viewed by inspectors to meet the requirements of schedule 2 of the Regulations. There were unexplained gaps in employment history in two of the four staff files sampled, one file did not contain the staff member's date of

birth and another file did not contain documentary evidence of relevant qualifications of the staff member.

Training records were maintained and indicated that staff mandatory training requirements in fire, protection, manual and people handling and the management of behaviours that challenged were met. Further training completed by staff reflected the requirements of residents and staff roles and included medication management, first aid, report writing and person centred planning.

There was a reported consistent core of staff and formal systems were in place for the periodic supervision and development of staff.

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:

Vincent Kearns
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-0004117
Date of Inspection:	11 February 2016
Date of response:	3 March 2016

Requirements

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

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

Outcome 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:

It was not evidenced that the requirements of regulation 26 (1) (e) were being met which includes measures to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The requirement for additions to the risk management policy as identified following this inspection has been referred to RehabCare Quality & Standards (23/02/2016) who have confirmed that this will be explored and included in the next review of the policy.

All risk assessments on site have been reviewed and any existing and additional controls now reflect impact on quality of life.

Proposed Timescale: 02/03/2016

Theme: Effective Services

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

Some fire doors were faulty, there was no smoke detection system in a utility room that contained electrical equipment, fire extinguishers were not present on the second floor where a room that was categorised as a potential fire risk was located and some staff interviewed by inspectors were not familiar with the fire panel readings.

2. 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:

All fire doors have been serviced and are now functioning correctly.

Fire Extinguishers have been ordered and will be installed as soon as delivered. In the interim temporary extinguishers of the correct type have been provided until permanent ones are appropriately fitted.

The Fire control panel now names each room and each floor as appropriate and details of this are in the Safety file located adjacent to the Fire panel. All staff are fully aware of how locations are displayed on the Fire panel.

A quotation was received on 19/02/16 regarding installation of a smoke/fire detector in the utility room. This has now been approved and work is due to commence in second week of March 2016.

Proposed Timescale: 23/03/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

There was a requirement to describe the size of the rooms in the designated centre. In addition, it was required to detail any separate facilities for day care if applicable or state if otherwise not applicable.

3. 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:

Statement of purpose and function has now been amended to reflect room sizes and that a separate day service is not provided on this site.

Proposed Timescale: 25/02/2016

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:

An annual review of the quality and safety of care in the centre had not taken place. This was scheduled to take place towards the end of February 2016.

4. 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:

The Annual review of quality and safety of care took place on 23rd February. Actions outlined in this review are now being addressed.

Proposed Timescale: 23/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were unexplained gaps in employment history in two of the four staff files sampled, one file did not contain the staff member's date of birth and another file did not contain documentary evidence of relevant qualifications of the staff member.

5. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

All Staff files have been reviewed and information omitted at time of the inspection is now in place.

Proposed Timescale: 25/02/2016