

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kilkenny Supported Accommodation
Centre ID:	OSV-0002643
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Michael O'Connor
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	14
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 inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 May 2017 16:00	30 May 2017 19:45
31 May 2017 10:00	31 May 2017 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection

This was an announced follow-up inspection carried out over two days. The inspection was carried out to assess the provider's response to a number of non compliances found during a follow up registration inspection of the centre by the Health Information and Quality Authority (HIQA) previously carried out in the centre November 2016.

The findings from November 2016 inspection were significantly non compliant with the Regulations and Standards and during the inspection the inspector was required to take an unusual step and issue two immediate actions to direct the then person in charge to address a safeguarding risk and a fire safety hazard risk.

Following the November 2016 inspection the provider was requested to meet with HIQA in their Dublin Regional Office to discuss their plans to address the serious failings of the inspection. The provider submitted a comprehensive action plan response to the inspection. This inspection was carried out to assess if the action plan response had been implemented and if there had been improvements in the

centre.

How we gathered evidence

The inspector met with residents, staff, the person in charge, and other persons participating in management over the course of the inspection. Documents were reviewed as part of the process including a sample of healthcare assessments, assessments of need, behaviour support plans, complaints logs, incident and accident logs and personal risk assessments.

The inspector also observed practice and staff interactions with residents. The inspector met a number of residents during the course of the inspection and spoke with three residents in a more in depth way during the course of the inspection.

Description of the service

The statement of purpose for the centre documented that Rehabcare aimed to provide a 'low supported accommodation service to both male and female residents where all residents were supported to live as independently as possible'.

The centre comprises of six apartments located on the second and third floor of a building located in an urban centre. The centre can accommodate up to 15 adult residents. Since the previous inspection the provider had made the decision to reduce the capacity of the centre. This decision was notified to the Chief Inspector and as the centre was not registered at the time an application to vary conditions was not required.

The service supports residents with a wide range of disabilities, including intellectual, physical and sensory and varying levels of independence. Some specific support needs included the management of epilepsy, mental health, health and nutritional management and behaviours that challenge.

Overall judgment of our findings

Governance and management arrangements were previously found inadequate in this centre and had failed to effectively respond to residents' needs and issues of risk and safeguarding. This inspection found significant improvements overall in the governance of this centre.

A newly appointed person in charge had been instated. She was full time in her role and the centre was her sole responsibility. The provider had also created two team leader posts for the centre. Their roles and responsibility were for the management of the centre in the absence of the person in charge and to observe and supervise practices in the centre. This role had not been in place previously.

Previously the inspector still significant concerns in relation to the lack of supervision and support afforded to staff working in the centre. This had changed and on this inspection the inspector noted a significant improvement in the skill mix and staffing ratio in the centre. Now the centre was staffed at all times, including weekends. Two staff worked on shift together supported by the person in charge and two staff worked on sleep over shift in the centre.

Residents' spoken with told the inspector they were very pleased with the increased

staff presence in the centre. They were more involved in their community and could go on evening activities due to the increased presence of staff to support them. Previously some residents had told the inspector they felt lonely and staff didn't have time to talk to them. On this inspection they told the inspector their lives had improved, they were enjoying activities with their peers in the evening such as going for meals or walks, they liked that staff could now sit and have a cup of tea with them and talk about their day.

Since the previous inspection, residents had received a comprehensive assessment of need which incorporated allied health professional assessments and recommendations. As a result it had been identified that residents support needs were more complex and greater than had previously been identified and therefore substantiated the necessity for increased governance and staffing in the centre.

One resident spoken with was not entirely happy with the increased supervision and support interventions they were receiving and spoke to the inspector about this. The provider was required to manage the resident's safeguarding risk in the least restrictive way and to the satisfaction of the resident.

However, overall the inspector found significant tangible improvements in this centre from the previous November 2016 inspection. Residents appeared happier and told the inspector they were. The centre was visibly cleaner throughout, residents were out and about engaged in activities that were purposeful and linked to their interests and assessed needs. Residents were also engaged in picking out paint colour schemes for their apartments to personalise them, something which had not occurred since they had moved into the centre in some instances since 2009.

Of the 10 Outcomes inspected, all met with compliance or substantial compliance. The provider was required to continue the improvement plan for the centre and to support the newly established governance and staffing team in the centre to bring about continued improvements in the quality of life of the residents living in the centre.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector reviewed the management of complaints in the centre following up on actions from the previous inspection. Previous inspections had found evidence of one long standing complaints made by a resident had not being addressed to their satisfaction and had resulted in the resident making the same complaint a number of times.

On this inspection the inspector noted that the complaint had now been comprehensively addressed. The resident had been afforded the opportunity to move to another apartment and this was done in full consultation with them. They were satisfied with the outcome and all residents involved in the move within the centre were happy with the outcome.

There was further evidence that the newly appointed person in charge managed complaints in an efficient way. A resident had made a complaint of a foul smell from their bathroom area that could not be removed by cleaning alone. The person in charge undertook to investigate this issue and found a leak in an adjacent room was collecting under the floor of the resident's bathroom causing the smell. The person in charge contacted a plumber to sort the problem and within a short period the leak had been fixed and the floor in the resident's bathroom had been replaced. The inspector spoke with the resident and they showed her the bathroom. The resident expressed they were very happy with the outcome and liked the newly replaced floor in their bathroom.

Complaints management in this centre had improved from previous inspections.

There was also evidence of improved quality of activities for residents to engage in which in turn was improving their quality of life. Previous inspections of this centre had identified that while residents lived in a central location, beside amenities and facilities they were still lonely and didn't go out in the evenings as they didn't have someone to support or accompany them.

On this inspection residents spoken with all told the inspector they were getting out more in the evenings, they had more activities and things to do that gave them greater purpose and meaning. For example, a group of residents enjoyed walking together in the evenings, going out for meals together, some individually attended evening classes or activities such as drama classes, zumba, swimming classes, another resident on the weekend liked to go with a staff member to a local book shop and afterwards have a cup of coffee with a staff member. This hadn't been possible previously as the centre was not staffed until 4pm on weekends.

All residents spoken with said they noted there were more staff working in the centre and that staff had more time to talk to them and spend time with them. They told the inspector that this was very important as previously they might have wanted to speak to a staff member but didn't ask to because they knew staff were very busy and didn't want to bother them. All residents spoken with told the inspector the greater staff presence and support was very important to them and they valued it greatly.

Due to the increase in staffing numbers for the centre residents were not required to leave the centre due to staff shortages, as was found on the previous inspection. In fact residents that had generally gone home at weekends, by their choice, were now staying in the centre more at weekends as there was increased staff support and interesting things to do.

Judgment:
Compliant

Outcome 02: Communication

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.

Theme:
Individualised Supports and Care

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

Findings:
While there were no actions relating to this outcome on the previous inspection the inspector did note there were improved communication systems in place for residents.

The person in charge had changed the staffing roster information for residents to a

picture format whereby residents were informed of what person was supporting them in the morning, evening or night on any given day by the staff photograph that was placed on a notice board all residents could access. Feedback from residents indicated they liked this and found this format easier to understand.

There was also increased use of visuals prompts, such as photographs as part of residents' activity planning.

The person in charge had also identified that a resident that used Irish Sign Language needed more supports and staff required training in this area. There were plans underway to improve staff's skills in this area. The newly appointed integrated regional manager had some proficiency in ISL and used this in her communications with the resident to get feedback on the service they were receiving and as part of her auditing on the quality of the service.

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):

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

Findings:

On previous inspections of the centre, the inspector had found consistent breaches of regulations in this outcome whereby residents did not have a comprehensive assessment of needs or support planning in place to meet their identified needs.

On this inspection there had been significant improvements in this regard. All residents had received a comprehensive assessment of need. There was evidence of allied health professional assessments and recommendations incorporated into residents' personal planning which was an improvement from previous inspections. These allied health professional assessments provided a framework from which support planning for residents was developed.

Residents' personal plans were made up of two folders, one containing their

comprehensive assessment and support planning. The second folder was a 'working file' from which staff supporting residents updated daily.

As referred to in outcome 1 and 2 of this report, activity planning for residents had greatly improved. Residents' activities were now geared more towards their interests, hobbies and in line with their assessed needs, for example some residents attended therapy workshops which they enjoyed and were linked with an assessed positive behaviour support need identified through their overall comprehensive assessment of needs.

The person in charge had begun to review the person centred planning process within the centre and had identified training dates for staff to complete training in this area in order to start the process in a more comprehensive way for residents.

Judgment:

Compliant

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):

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

Findings:

Overall, the inspector observed and noted there were significant improvements in the overall cleanliness and upkeep of all apartments within the designated centre.

Flooring in some apartments had been replaced. Previously the inspector had observed carpets were heavily soiled and stained in some apartments. At the time of inspection the inspector observed residents in varying apartments were being supported to pick out paint colour schemes for their apartments. This was a significant improvement. Previous inspections of this centre found residents' apartments were not personalised and required refurbishment and painting.

The provider had also undertaken to fix doors on kitchen cupboards in some apartments. There was also evidence of residents having been supported to buy furnishings for their bedrooms such as new curtains and bed covers which supported them in personalising their private bedroom spaces and creating a more home like quality and aesthetic to their living environments.

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:

Previous inspections of this centre had highlighted a significant risk issue related to staff lone working in this centre. Since the previous November 2016 inspection the provider had ceased lone working for staff in the centre. Now at least two staff supported residents in the centre at all times day, night and weekends. This risk issue had been addressed.

The inspector noted the assessment, documentation and review of residents' personal risks had improved. The person in charge had updated and reviewed all personal risks assessments and had drafted new personal risk assessments based on the recently completed assessments of needs for residents.

On the previous inspection actions from a fire engineer's assessment of the overall building the centre was part of, required a series of works to be completed. On the November 2016 those works had not yet begun. On this inspection, the inspector noted improved fire safety systems throughout the designated centre. Improved evacuation plan signage was prominently displayed at key locations on the fire escape stairs for the building. Residents' personal evacuation plans had been revised and updated and with the increased staffing levels for the centre evacuation measures had improved due to the increased numbers of staff available to support residents, particularly at night time.

The fire engineer was due to visit the centre to evaluate if the fire safety improvement works implemented were adequate. The person in charge agreed to provide the inspector a copy of their assessment report once it was completed.

Residents that presented with hearing loss had also been provided with improved systems to alert them that the fire alarm was sounding. This included the instalment of strobe lighting in their bathrooms and a vibration mechanism linked to the fire alarm was placed under their pillows which would alert them the fire alarm was sounding while they were in bed. A staff member was allocated on sleep over to both apartments of residents with hearing loss. This would ensure their personal evacuation needs could be supported in a more effective way should the need arise.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There was evidence of improved safeguarding response systems in this centre since previous inspections. There was evidence to indicate the person in charge acted responsively to allegations of potential abuse. Timely referrals to the HSE safeguarding team had occurred and safeguarding planning was in place to manage potential safeguarding risks.

Residents assessed as vulnerable to experiencing abuse each had an identified safeguarding plan in place to support them. Some were participating in relationships and sexuality training and had one-to-one sessions with their key worker in order to support them with their decision making and understanding of this area. The resident's key worker had undergone training in this area also which ensured the support they provided the resident was in line with appropriate practice.

The provider had also supported some residents to undergo capacity assessments to establish their ability to consent and make informed decision in certain areas of their life. This was an important assessment process as it helped to establish what supports residents required from which focused training, therapy and key working sessions could be provided to increase their skills in those areas.

A resident spoken with discussed the various supports now in place for them and the training they were receiving in relation to anger management and relationships and sexuality. They discussed how they managed situations differently than they had before and had more awareness of their personal boundaries and personal safety.

Previously behaviour support planning for residents was found inadequate and did not follow a positive behaviour support framework. On review of behaviour support plans during this inspection the inspector noted there were significant improvements in the quality and standard of support planning. Behaviour support plans reviewed had been developed by allied health professionals with knowledge and understanding of the

residents.

Behaviour support plans now set out specific triggers which could cause behaviours that challenge to occur and proactive strategies were documented to guide the resident and staff in how to prevent the behaviours that challenge from occurring or lessen their likelihood to occur.

Some proactive strategies included attending cognitive behaviour therapy sessions on a weekly basis, engaging in focused exercise, counselling sessions with a therapist and teaching the resident strategies to follow if they felt stressed or angry. A resident spoken with told the inspector they found the behaviour support plan was much more supportive and helpful to them and they were learning better ways to cope with things that caused them to become stressed or angry.

As a result of a more comprehensive assessment of residents' capacity and needs, some residents required greater risk management and safeguarding supports in order to protect them. While behaviour support planning, risk management and safeguarding measures were working well for some residents, one resident was not happy with the increased supervision interventions and expressed this to the inspector during the course of the inspection.

Restrictions in place for the resident were the only safeguarding option available due to the configuration of the premises. The provider was required to assess if there was a less restrictive way of managing the safeguarding risk for the resident in a way that managed the identified safeguarding risk for them but was also to the satisfaction of the resident and with the least impact on their civil liberties.

Judgment:

Substantially 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):

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

Findings:

Previous inspection reports for this centre had highlighted residents were not adequately supported to meet their nutritional support needs in the areas of healthy eating, purchasing and preparing of foods. The inspector was also concerned that residents presenting with a risk of choking due to a compromised swallow were not being adequately supported.

On this inspection there was evidence to indicate improvements had occurred.

The inspector observed residents fridges and cupboards were now well stocked with fresh, frozen and dry foods for meal preparation. Residents were observed eating home cooked meals during the inspection that staff had supported them to prepare. Some residents were attending slimming classes and were being supported by staff to purchase groceries to help them stick to their slimming plans. The inspector also noted the smell of cooked meals in some apartments which was absent on previous inspections of this centre. Residents spoken with said they liked to prepare meals with staff and enjoyed this.

All staff working in the centre had received training in the management of dysphagia (compromised swallow which can lead to a risk of choking or inhaling foods). This was an improvement on previous inspections whereby staff did not have any training in this regard and were supporting residents with this healthcare need.

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):

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

Findings:

The person in charge had made a number of revisions of the statement of purpose and had submitted the most up-to-date version to the Chief Inspector.

The most recently received statement of purpose was found to meet the matters as set out in Schedule 1 of the Regulations.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the

delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

Previous inspections of this centre had consistently found there were inadequate governance arrangements in this centre to ensure the quality and safety of support provided to residents was of a standard to meet the Regulations and Standards. This inspection found significant improvements in this regard.

Since the previous inspection a new person in charge had been instated, she was full time in her post and was supported by two team leaders and a newly appointed integrated regional manager. This was evidence of a significant improvement in the overall governance and management arrangements within the centre. There was a clearly defined management structure where each person had specific roles and responsibilities for the oversight and management of the centre.

The appointment of two team leaders to the centre was also of critical importance as this ensured there was oversight of the management of the centre at all times and in the absence of the person in charge.

The newly appointed person in charge had also completed a management course and therefore met the requirements of Regulation 14 (3) which sets out that any person in charge appointed after November 2016 must have a health or social care management qualification to meet the needs of the service they manage. Her full time role for the centre met the requirements of Regulation 14 (2).

The person in charge demonstrated competence to fulfil the role and had an excellent knowledge of her regulatory responsibilities such as notifications, management of allegations of abuse, fire safety, person centred planning and management of resources. She presented as a conscientious person who had a good rapport with residents living in the centre.

The newly appointed integrated regional manager demonstrated an excellent knowledge of residents' specific needs, personalities and challenges. She had previously worked with a number of residents living in the centre. She had recently completed designated person training and therefore was identified as the designated person for this centre to manage allegations of abuse and support in the development of safeguarding planning. She had also participated in the most recent provider led audit of the centre which was of a good standard and reviewed not only documentation and the premises but also the quality of the service from residents' perspectives. Some actions from the most recent

audit had brought about improvements in the centre.

The provider had also met their regulatory requirements and had completed an annual report for the centre and six monthly unannounced provider led audits had been carried out, which as previously stated, were of a good standard.

Overall, the improved governance and management oversight, reporting structures and full time post of the person in charge for the centre had brought about the improvements the inspector observed on this inspection. The provider was required to continue with these improvements and support the newly instated management team in carrying out their roles and responsibilities.

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:

As mentioned in a number of outcomes in this report the increase in staffing numbers for this centre had brought about significant improvements in the quality and safety of support residents were now receiving.

The increased staffing numbers ensure the lone working risks to staff and residents in the centre had been mitigated. Previously only one staff worked with residents in the evenings and night time, on weekends no staff worked in the centre until 4pm which the previous inspection had found left some residents at risk.

Now during the day, two support staff working in the centre one of which was usually a team leader. The person in charge also worked in the centre from 9am to 5pm. Two staff also worked in the evenings and slept over in the centre. Weekends were staffed in this way also. This was a significant improvement. Residents were very positive about the increase in staff presence in the centre. The inspector noted overall the centre presented as a busier, more pleasant place for residents to live in and this was the first inspection whereby the inspector observed staff and residents spending time together that wasn't rushed or task orientated.

Staff spoken with were positive about the improved supervision and support they were receiving, they were also positive about having a colleague working with them particularly at night time. They also told the inspector they slept better on their sleep over shifts because they knew there was a colleague in the building to support them if required. The improved on-call roster also provided them with assurances.

The inspector reviewed a sample of staff files and found overall they met the requirements of Schedule 2 of the regulations. All staff had received Garda vetting including newly appointed staff to the centre.

Training had also improved, all staff had received mandatory training in safeguarding vulnerable adults, fire safety management, safe administration of medication and management of potential or actual aggression. Staff had also received training in dysphagia management and manual handling. Some staff had completed relationships and sexuality training and also training in the prevention and management of self harm and mental health but not all. Not all staff had received training in food safety.

No volunteers worked in the centre.

The person in charge and team leaders had begun a supervision process for all staff working in the centre. Some team leaders had undergone supervision training and others were scheduled to begin management training which would overall improve the skills and abilities of the core management team for the centre.

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:

Ann-Marie O'Neill
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-0002643
Date of Inspection:	30 and 31 May 2017
Date of response:	26 June 2017

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:

The provider was required to assess if there was a less restrictive way of managing a safeguarding risk for a resident in a way that managed the identified safeguarding risk, but was also to the satisfaction of the resident and with the least impact on their civil liberties.

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 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Additional support is currently being provided to a resident as interim measure pending a further detailed needs assessment.

A decision in relation to the future placement of the resident will be taken following completion of the detailed needs assessment in consultation with the resident, family members, the HSE and RehabCare. A detailed plan will then be developed to support the resident's assessed needs.

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff had completed training in relationships and sexuality training, the prevention and management of self harm and supporting mental health.

Not all staff had received training in food safety.

2. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

A two day mental health awareness session was facilitated in the service on June 7th & 8th 2017.

Food Safety (EHOA) training will be completed by all staff 29th June.

Three staff members are schedule to attend SafeTalk Training Programme with the HSE on July 6th. Other remaining staff members will be scheduled on further courses with the HSE as they become available. ASSIST training will then be sourced as a follow on.

Relationships and Sexuality Training has been sourced and all staff will have completed this training by December 6th 2017.

Proposed Timescale: 06/12/2017