Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Rapla Rise
Centre ID:	OSV-0005572
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Rachael Thurlby
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
31 January 2017 09:45	31 January 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 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:
This inspection was the first inspection of the centre by The Health Information and Quality Authority (HIQA). This was a new centre, planned to provide supported residential services for a maximum of four residents. The centre was pending registration and therefore not operational at the time of this inspection.

How we gathered our evidence;
Prior to the inspection the inspector reviewed the documents submitted by the provider with the application for registration of the centre.

The inspection was facilitated by the person in charge; the regional manager (who was also the nominated person participating in the management of the centre (PPIM)) was also present at the commencement of the inspection and spoke with the inspector during the inspection process.

The inspector met with front-line staff that were recruited to work in the centre. The inspector reviewed records including policies and procedures, resident and staff related records, fire, and health and safety related records.

While three residents were identified for admission once the centre was operational no resident was present during the inspection.

Description of the service;
This was a new centre that had been sourced for the provision of full-time residential services for an identified cohort of residents whose needs included a requirement for accessible accommodation and services.

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service to be provided was as described in that document.

Overall judgment of our findings;
Although the centre was not operational at the time of this inspection a major non compliance was identified in relation to measures in place to safeguard all residents from harm and abuse. The inspector read an account of an alleged incident in another centre in late 2016 that outlined a punitive approach by staff to behavior (resident non-compliance) and alleged actions that may have constituted abuse as outlined in national policy. It was of serious concern to the inspector that the alleged incident communicated to management of this centre in December 2016 had not been reported and progressed as alleged/suspected abuse in line with the providers safeguarding policies and procedures so that measures could be taken to ensure the safety and well being of residents.

This was immediately brought to the attention of the person in charge and to the regional manager by the inspector. The regional manager was requested to take immediate action in relation to this alleged incident and notify HIQA of the alleged incident on the prescribed form. On the 2 February 2017 the regional manager confirmed to HIQA that a preliminary screening had resulted in protective measures being put in place and an investigation into the alleged event.

This safeguarding failing did not provide robust evidence or assurance of management systems that would ensure the services to be provided would be safe, appropriate to residents' needs and effectively monitored; that staff would exercise their personal and professional responsibility as to the quality and safety of care and supports provided to residents. The inspector was not satisfied that effective arrangements were in place to facilitate staff raise and process concerns they may have about the quality and safety of care and support provided to residents.

The assessment and individual personal plan process for all three residents was not

complete at the time of this inspection.

Positive findings included evidence that works had been completed to enhance the safety, accessibility and suitability of the premises to the needs of the residents. An automated fire detection system, emergency lighting and fire resistant doors had been fitted and fire fighting equipment was in place.

Staff described augmentative communication tools including a communication dictionary, visual prompts and objects of reference; that is, using an object systematically to represent an item, activity, place, or person to be used to ensure effective communication with residents.

Residents were to retain access to their existing day services as they were reported to be settled in, had built up relationships and were doing well in these services.

Of the full 18 Outcomes inspected the provider was judged to be complaint with 12 and in substantial compliance with two. Two moderate non-compliance's were identified in relation to staff records and training, and resident assessment and planning. The provider was judged to be in major non-compliance with the remaining two Outcomes; Outcome 8 Safeguarding and Safety and Outcome 14 Governance and Management.

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

Findings:
Staff described the augmentative communication tools utilised to ensure that each resident would be consulted with so as to participate in decisions pertaining to their daily routine. Each resident was to have a key-worker and weekly house meetings were also planned.

The person in charge confirmed that the provider's policy and procedures on the receipt and management of complaints would be implemented. The complaints procedure was displayed and families had been provided with an information booklet on how to make a complaint. There was a template in place for frontline staff to record any complaints received.

There were policies and procedures on the management of resident's personal finances. There were clear procedures to be implemented by staff for the safeguarding of residents monies such as the maintenance of individual financial transaction sheets, daily balance checks and monthly oversight by the person in charge.

The person in charge said that each resident's person preference as to religious beliefs and observance was ascertained as part of the assessment process and would be supported and facilitated by staff.

The person in charge told the inspector that contact had made with the providers internal advocate who was to meet with two of the prospective residents in the coming week.

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

Findings:
Staff spoken with were aware of each resident's communication needs and skills and articulated an understanding of communication ability other than solely verbal communication; for example the role of behaviours and gestures.

The person in charge said that based on the assessment of residents needs staff intended to utilise supportive tools including a communication dictionary, visual prompts and objects of reference; that is, using an object systematically to represent an item, activity, place, or person.

Staff spoken confirmed that they had completed education in pictorial exchange communication systems and Lámh (a form of manual signing); the latter was used by one resident due to be admitted to the centre.

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

Findings:
The person in charge confirmed that the planning of the service had included consultation with and the participation of families; residents (while availing of respite

services) were living at home with their families. The person in charge said that post admission there would be no restrictions on visits and privacy was available if required as there was a choice of communal areas in the house.

Residents were not from the local area; the person in charge said that this had been discussed at the planning stage, was currently suitable and acceptable but would be discussed on an ongoing basis if needs and circumstances changed. Outreach services were currently provided to one resident and staff met with that family on a daily basis.

Though not from the local area the person in charge said that residents had formed links with the local community and services as they had availed of respite supports locally; these links and access to the local community would continue once residents moved into the house.

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

Findings:
There were policies and procedures governing admission to the centre. From speaking with the person in charge the inspector formed the view that the admission process had considered the individual and collective needs and wishes of the residents.

The three residents were described as having good compatibility and a history of having shared services together, for example in education and respite.

There was a contract for the provision of services and supports to be agreed with each resident and family. The contract satisfied regulatory requirements.

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

Findings:
It was clear from speaking with staff and from records seen that the process of assessing needs and then planning, based on that assessment the supports required by each resident had commenced. The process of assessment included consultation with family and other stakeholders such as providers of day services.

Staff recruited to work with the residents had also observed the delivery of supports to residents, for example in the respite service and were also providing an outreach service to one resident.

Staff had a good body of knowledge of both resident and family needs and there was evidence that individual needs had informed the services to be provided, for example the design and layout of the premises. However, the assessment and individual personal plan process for all three residents was not complete at the time of this inspection.

Transition plans to support residents successful transition to the centre were in place.

Judgment:
Non Compliant - Moderate

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

Findings:
The premises is a domestic style two storey building on a spacious site in a rural location approximately 6km from the busy local town.

It was evident that works had been completed to enhance the safety, accessibility and suitability of the premises to the needs of the residents.

The main entrance promoted accessibility; there was an access ramp with a handrail in place.

Each resident was to be provided with their own bedroom; two bedrooms were on the ground floor which was in line with residents requirements. Bedrooms were spacious, were bright and offered pleasing views and had provision for personal storage.

One bedroom on the first floor had been converted to the staff office/staff sleepover room.

Two bedrooms had full en-suite sanitary facilities; there was a further bathroom at first floor level with floor level bath, toilet and wash-hand basin; a further toilet was accessible from the utility area. These facilities were generally of a domestic type but again in line with the requirements of some residents the main ground floor bathroom had been refitted to promote accessibility and suitability. This bathroom was spacious and had been fitted with a universally accessible shower, a floor level bath, toilet and two wash-hand basins. The room was fitted with handrails and grab-rails.

Residents had access to two communal areas one of which was a pleasant sun-lounge.

The kitchen was suitably fitted and equipped. There was a separate utility area where the facilities for general and personal laundry were located.

There was an adjacent garage that provided storage.

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:
The inspector saw an organisational and local safety statement and risk management

policy and procedures. The safety statement included the procedures for the identification and assessment of risks and the recording, reporting and investigation of accidents, incidents and adverse events.

The inspector reviewed the centre specific risk management folder dated January 2017; this included a broad range of risk assessments and the risks as specifically required by Regulation 26 (1) (c), for example the risk of the unexpected absence of a resident. Some resident specific risk assessments were in place based on the assessments completed to date.

However, all hazards had not been identified as the inspector noted that the first floor was serviced by low level, accessible roof windows. The person in charge risk assessed these once they were brought to his attention and identified the requirement to install suitable restrictors prior to the admission of residents.

There was a centre specific business continuity plan that set out for staff the actions to be taken in defined emergency situations; the plan included alternative local accommodation for residents if required.

The inspector saw that an automated fire detection system, emergency lighting and fire resistant doors had been fitted and fire fighting equipment was in place. The inspector saw certificates dated December 2016 for the installation and commissioning of these fire safety measures and other fire safety upgrading works such as the provision of a fire resistant barrier at attic level.

There were explicit fire safety procedures for staff for the monitoring of fire safety measures and the completion of fire drills once the centre was operational.

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:

There were measures in place to protect residents from harm and abuse; these included organisational and national policies and procedures, designated persons, risk assessments and staff training. However, though the centre was not yet operational a serious failing was identified in the measures to safeguard residents.

The person in charge said that with the exception of one staff (for whom the training was booked), staff had completed safeguarding training; training records seen stated that this training was completed by staff in December 2016. The person in charge told the inspector that he was a facilitator for this training and that the training programme was based on national safeguarding policy and procedure.

The person in charge said that residents could clearly communicate, perhaps through their general demeanour and behaviours their agreement or if necessary their displeasure with supports provided. Safeguarding monitoring measures described by the person in charge included recruitment practice, staff supervision, on-going communication with families, behavioural cues and the monitoring of records, for example the language used by staff.

Based on the assessed needs of residents there was an identified need for behaviour management guidelines so as to consistently and therapeutically support residents. The person in charge confirmed that referrals to the behaviour support specialist had been accepted, assessment was due to commence and would form the basis of the management guidelines.

However, despite these assurances a serious failing was identified in the provider's measures to safeguard all residents from harm and abuse. While reviewing records created by staff working in this centre detailing supports provided to a resident in another designated centre, the inspector read an account of an alleged incident in late 2016 that outlined a punitive approach by staff to behaviour (resident non-compliance) and alleged actions by staff that may constitute abuse as outlined in national policy.

This was immediately brought to the attention of the person in charge and to the regional manager by the inspector. The regional manager was requested to take immediate action in relation to this alleged incident and notify HIQA of the alleged incident on the prescribed form. On the 2 February 2017 the regional manager confirmed to HIQA that a preliminary screening had resulted in protective measures being put in place to ensure the safety of residents; an investigation into the alleged incident was commenced.

The alleged incident did not relate to this centre however, it was of serious concern to the inspector that the alleged incident was communicated to the management of this centre in December 2016 but had not been reported and progressed as alleged/suspected abuse. This was not in line with the providers safeguarding policies and procedures; measures to ensure the safety and well being of residents were not taken until the inspector brought the matter to the attention of the person in charge and the regional manager.

Judgment:

Non Compliant - Major

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

Findings:
There was a policy and procedures for the identification, recording and management of incidents, accidents and adverse events. The reporting system was electronic and generated an automated alert to responsible persons, for example the person in charge and health and safety personnel.

The person in charge had good knowledge of the events that required notification to the Chief Inspector and the submission timeframes. The person in charge took responsibility for the submission of notifications from the centre once it was operational.

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

Findings:
Residents currently had an outreach service and were attending structured day support services. While these day services were not located near the centre, the person in charge said that it had been agreed that residents would continue to access these services as they were settled there, had built up relationships and were doing well.

Records seen by the inspector indicated that staff from the centre had met with staff from these services as part of the assessment process. There were agreed preliminary

plans that had a general welfare and development focus, for example health promoting initiatives and developing potential for self-care and independence.

Information had been gathered on resident's interests and activities they enjoyed so that these would be facilitated and developed once residents were admitted to the centre.

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:
The person in charge told the inspector that families had requested to retain the services of existing General Practitioners (GP) post admission and that this would be facilitated. Staff would access the local out-of-hours medical service for residents as needed.

Staff had commenced the process of assessing and collating information in relation to each resident's healthcare needs and supports. Some of this information was in place but the person in charge confirmed that this was not complete for all residents, for example information was required from each GP on general health status, recent reviews and interventions to date and planned.

There were gaps in the available information such as the date of the most recent specialist review; this is addressed in Outcome 5 in relation to assessment and planning.

The person in charge confirmed that staff would facilitate access to any required healthcare service once the details of these were known and/or agreed.

Templates were in place for the recording by staff of healthcare related interventions.

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 governing the management of medicines.

The person in charge told the inspector that only medicines that were prescribed would be administered by staff; medicines were to be supplied by a community based pharmacy.

The inspector saw a template for the prescription record and a corresponding administration record.

With the exception of two staff, staff had received medicines management including the administration of rescue medicines.

The person in charge confirmed that once operational the providers systems for safeguarding medicines would be implemented; these including daily stock balance reconciliation checks, records of all medicines received and signed verified records of any unused or unwanted medicines returned to the pharmacist.

However, facilities for the secure storage of medicines were not yet in place.

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

Findings:
The statement of purpose contained all of the information required by Schedule 1 and

was an accurate reflection of the services and supports to be provided.

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

Findings:
There was an identified management structure; frontline staff reported to the person in charge who in turn reported to the regional manager who was the nominated PPIM (Person Participating in Management).

The person in charge was appointed to that role in October 2016. The person in charge was suitably qualified in the provision of social care services, had established supervisory experience as a team leader and was employed full-time. The person in charge continued to engage in the providers programme of education and training and had completed training relevant to the role of person in charge, for example, HIQA and regulation, supervision of staff, and finance training for managers.

Pending the registration decision of the Chief Inspector, the person in charge would potentially have responsibility for two designated centres. The person in charge while acknowledging the challenges in this was confident that he had the capacity and the organisational support to ensure the effective governance and operational management of each of these designated centres. It was planned that the person in charge would be supported in each centre by a team leader.

The person in charge intended to be based in this centre for three days and in the other centre for two days each week. Staff described the person in charge as accessible, approachable and focussed on residents and their needs.

The person in charge confirmed that he had access as required to the regional manager and that formal regional monthly management meetings were convened.

The provider operated a formal system of staff supervision and support; the person in

charge was experienced in the operation of this system and confirmed that staff supervisions would occur approximately every six weeks.

There was an on call out of hour's manager available within the wider organisation and the rota was made available to staff. Support and advice was also available from other designated centres in the area.

The person in charge said that arrangements would be put in place for the completion of the annual review and unannounced visits to the centre as required by Regulation 23 (1) and (2).

However, the safeguarding failing identified in Outcome 8 did not provide robust evidence or assurance of management systems that ensured that services provided to residents were at all times safe, appropriate to their needs and effectively monitored, where staff exercised their personal and professional responsibility as to the quality and safety of care and supports provided to residents. Effective arrangements were not in place that facilitated staff to raise and process concerns they had about the quality and safety of care and support provided to residents.

Judgment:
Non Compliant - Major

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

Findings:
The provider was aware of its notification responsibilities in relation to absence of the person in charge. There were arrangements in place (the PPIM was to assume this responsibility) for the management of the service in the absence of the person in charge.

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

Findings:
The person in charge and the regional manager confirmed that the centre was and would be adequately resourced to ensure the provision of the required supports and services.

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

Findings:
The person in charge told the inspector that the agreed staffing levels and arrangements consisted of one waking and one sleepover staff at night; three staff in the morning, four staff in the evening when residents returned to the house and three staff until 22:00hrs when the night-shift commenced.

The person in charge said that he was satisfied that these staffing numbers and arrangements were adequate to meet the needs of the residents including their social needs. There was a proposed staff-rota that reflected these arrangements.

The majority of the staff required had been recruited and were in post familiarising themselves with the residents, their needs and their required supports. A further recruitment process had commenced for the filling of two residual vacant posts.

Staff files were available for the purpose of inspection. However, of the sample of four reviewed only one file contained all of the records specified by Schedule 2. Missing

records included references, evidence of qualifications and full employment histories.

Records of training completed by staff were in place. There were outstanding training requirements in safeguarding, fire safety, the management of actual and potential aggression and medicines management; the person in charge was aware that there were training gaps; the person in charge said that training was booked.

Judgment:
Non Compliant - Moderate

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

Findings:
The centre was not operational, however, the inspector was satisfied that 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 either were in place or would be in place.

The residents guide was available in an easy-to-read format.

The person in charge had secured a suite of the policies required by Schedule 5.

There was documentary evidence that the provider had the required liability insurance in place.

Where there were gaps in resident and staff related records this has been addressed in the relevant Outcome.

Judgment:
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:

Mary Moore
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 report[1]

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0005572
Date of Inspection:	31 January 2017
Date of response:	22 February 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The assessment and individual personal plan process for all three residents was not complete at the time of this inspection.

1. Action Required:
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive

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

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
• A full physical health assessment to be completed by the General Practitioner and relevant consultants for all individuals by 15/3/17
• Full personal and social care needs assessment to be completed for all individuals by 3/3/17.
• All other identified needs will be referred to the appropriate professional following admission.

Proposed Timescale: 15/03/2017

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:
A risk assessment of first floor low level, accessible roof windows identified the requirement to install suitable restrictors prior to the admission of residents.

2. Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
Window restrictors have been sourced and will be fitted by 3/3/17

Proposed Timescale: 03/03/2017

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:
An alleged incident had not been reported as alleged/suspected abuse in line with the providers safeguarding policies and procedures so that measures could be taken to ensure the safety and well being of all residents.

3. Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
• A preliminary screening of the alleged incident was conducted on the 1st of February; protective measures without prejudice pending the outcome of the investigation which is scheduled to commence on the 27th February to be completed by the 10th March.
• On 13/02/2017 at a Team Meeting the organisation's safeguarding policy and procedures including the correct reporting structure were discussed, all staff have been requested to sign off on the minutes of the meeting to indicate that they have read and understood them.
• All staff have signed off on the organisation's updated safeguarding policy to indicate they have read and understood it.
• Going forward any alleged incident will be reported as alleged/suspected abuse in line with the organisations safeguarding policies and procedures.
• Safeguarding and the raising of concerns in relation to the care provided to residents will be an ongoing agenda item at all team meetings.

Proposed Timescale: 10/03/2017

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:
Facilities for the secure storage of medicines were not in place

4. Action Required:
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
• Suitable medication storage cupboards have been sourced and will be fitted by 3/3/17
• Medication fridge has been purchased, it will be delivered by 3/3/17

Proposed Timescale: 03/03/2017

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:
Management systems in place did not ensure that services to be provided to residents were safe, appropriate to their needs and effectively monitored.

5. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
• Once the service has commenced operation team meetings will be held on a regular basis.
• Staff supervision will be scheduled and take place on a six weekly basis for all staff.
• Quality assurance of service documents will be conducted by the service manager and the team leader on an ongoing basis.
• Management systems are in place to ensure the effective monitoring of all service user needs via the service user pathway.
• Regular internal monitors will be conducted when the service is operational.
• A system of practice audits in relation to the provision of safe services is being developed which will provide additional oversight and monitoring of the service by the PIC.

Proposed Timescale: 30/05/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Effective arrangements were not in place that facilitated staff to raise and process concerns they had about the quality and safety of care and support provided to residents.

6. Action Required:
Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

Please state the actions you have taken or are planning to take:
• All staff have attended safeguarding of vulnerable adults training.
• All staff have been informed of the on call facility for raising concerns when the PIC is not onsite.
• All staff have access to the name and contact details for the Designated Officer and have been informed at a team meeting on the 13/02/2017 on how to access/use the Designated Officer.
• Safeguarding and the raising of concerns in relation to the care provided to residents will be an ongoing agenda item at all team meetings.

Proposed Timescale: 20/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Of the sample of four staff files reviewed only one file contained all of the records specified by Schedule 2.

7. 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 documents as specified in schedule 2 are now available in staff files on site. Completed 6/2/17

Proposed Timescale: 06/02/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were outstanding training requirements in safeguarding, fire safety, the management of actual and potential aggression and medicines management.

8. 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:
All staff employed in the service will have completed all required training by the 10/03/2017 and full and detailed training records will be accessible onsite.

Proposed Timescale: 10/03/2017