

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Laccabeg Accommodation Service
Centre ID:	OSV-0005626
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Grainne Fogarty
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: 08 June 2017 09:00 To: 08 June 2017 17:30

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

Outcome 02: Communication
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
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 this centre by the Health Information and Quality Authority (HIQA) and was carried out to inform the decision to register the centre. The centre was 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 and the team leader who was a person participating in the management of the service, (the PPIM). The regional manager who was the other PPIM attended the verbal feedback on the inspection findings.

While three residents had been identified to live in this centre they were not present for this inspection. Building works were just recently completed; each resident had a transition plan that included their phased introduction to the centre as home;

residents were currently living in another designated centre. There was evidence however, that residents had been consulted with and had participated in the development of the service, for example residents had participated in the decoration and personalisation of their bedrooms.

Description of the service:

The premises had been refurbished and redecorated to a high standard. The provider planned to provide residential services to four residents; three residents who had similar and compatible support requirements had been identified for admission.

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 document satisfied regulatory requirements and that the service to be provided was as described in that document.

Overall judgment of our findings:

It was evident that resident's needs and regulatory requirements had informed the development of the centre. While the centre was not operational there was evidence of compliance where this was possible to evidence. The inspector was satisfied that there was a management team, systems, policies and procedures that should ensure positive outcomes for residents and ongoing regulatory compliance once the centre was operational.

Thirteen regulatory Outcomes were inspected; the provider was judged to be in full compliance with all thirteen Outcomes.

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 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 had a clear understanding of each resident's communication ability and had commenced the implementation of augmentative tools so as to enhance communication for and with residents.

One resident had a sensory disability and was facilitated to have access to a local support network; staff had also sought advice from this network, for example when formulating the residents personal emergency evacuation plan (PEEP).

Staff had established that residents did not have existing manual signing skills but had introduced Lámh (a manual sign process used in Ireland), visuals and power cards (utilising a residents individualised interest to communicate in relation to routines, social activities or behaviour) when working with residents. Staff reported that residents were engaging with and responding to these tools. Staff spoken with were clear as to resident specific as opposed to generalised use of these tools.

Staff had a good understanding of the role that behaviours played in communicating needs and preferences. Staff had created a sensory room and clearly explained the significance of the therapeutic interventions seen to individual residents needs, for example a sand box, a blackboard and sensory floor tiles.

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 designated centre; these procedures and the criteria for admission were also included in the document, the statement of purpose.

There was an identified group of three residents for admission to the centre once it was registered. These residents had a reported established history of living amicably together in another designated centre. Staff said and records seen by the inspector indicated that this group of residents had been selected for admission as they had similar needs and support requirements.

It was evident therefore that admission procedures considered the needs of all residents; the admission policy also referenced the requirement for the assessment of risk to existing residents with each new admission. The admission policy had been revised following another recent inspection and the draft policy now specifically referenced the requirement to protect residents from the specific risk of abuse from peers as required by Regulation 24 (1) (b).

A contract for the provision of care, support and services was prepared for distribution and agreement with residents and or their representative. The contract was seen to set out the service to be provided, any applicable fees and any contribution required from residents.

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:

An assessment of each resident's health, personal and social care needs had been completed. Staff knowledge of resident's needs and their required supports was informed by these assessments, by the information and experience of the transition team and by staff supporting residents and shadowing their care in their current designated centre.

Support plans informed by assessments of needs and associated risk assessments were in place; these plans were currently utilised by the transition team and were to transfer to the centre with each resident on admission. The person in charge and the team leader were clear that both assessments and support plans would require review and amendment as necessary once the resident's were admitted to the centre.

Each resident had a transition plan; the transition plan was also available in a format that was meaningful to the resident. The transition plan addressed the supports to be delivered to support successful transition, for example the introduction of the new staff team to residents, the appointment of key workers and the shadowing of routines, care and supports to residents in their current centre.

All staff spoken with including nominated key workers had a good understanding of residents; staff understood the significant life transition that this was for residents and the challenges this might bring; staff were also however clear on how residents would be supported so as to ensure their successful and safe transition.

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):

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

Findings:

The premises had been sourced and works had been completed based on the assessed needs of the residents and regulatory requirements.

The premises was a domestic type two storey house of recent construction on a spacious site, in a rural location but a short commute from the large, local busy town and the provider's day service; transport was available to residents.

The ground floor consisted of the main communal area, a separate room planned to be used as a sensory room, the dining area and an attractive and adequately equipped kitchen. There was a separate utility room with laundering facilities and storage including secure storage for example, cleaning products.

Three resident's bedrooms were accommodated on the ground floor and each afforded sufficient space for residents. One of these bedrooms had en-suite sanitary facilities of shower, toilet and wash-hand basin. There was an additional toilet and a further fully accessible bathroom with shower, toilet and wash-hand basin also available on the ground floor.

The first floor was accessed by means of open stairwell and accommodated, storage, the staff administration office and a stand-alone suite of bedroom, personal storage space and bathroom with a floor level bath, toilet and wash-hand basin for resident use.

The premises had been refitted as required by residents' needs and redecorated to a high standard; communal areas and circulation areas were spacious.

The garden space to the rear had been secured in an unobtrusive fashion and could be accessed directly by residents for rooms such as the dining room and the sensory room; staff had plans for the therapeutic development of this secure outdoor space.

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:

Systems were in place to promote and protect the health and safety of residents, staff and other persons.

The inspector saw up-to-date organisational and local safety statements.

The risk management policy was also current and set out for staff the procedures for the identification of hazards, the assessment and review of risks and the procedures for

the management of accident and incidents. All staff had signed as having read health and safety related policies and procedures.

The person in charge had completed a register of risks. The register included the risks as specified in Regulation 26, for example, the risk of a resident missing from the centre, a comprehensive range of centre specific and work-related risk assessments and any required controls, for example, the restriction and or alteration to first floor window openings. Based on the sample of risk assessments reviewed by the inspector, identified controls were relevant to the risks identified to the centre and to the provider's policies and procedures.

Risks and their assessment as they pertained to individual residents had been completed but the person in charge was clear that these would require further review once the centre was operational and that additional risk assessments may be required. There was evidence to support that the identification and assessment of risk would be dynamic; for example, staff had to complete a seven-step-plan when planning activities with and for residents to ensure that any possible risks were identified and controlled for.

Sanitary facilities were seen to be fitted with proprietary handrails and grab-rails.

The inspector saw that the refurbishment of the house had included the completion of fire safety works. The house was fitted with an automated L1 fire detection system, emergency lighting, fire fighting equipment and all internal doors were fire rated doors (clearly labelled as such) fitted with self-closing devices. Certificates were available for the installation and commissioning of fire safety measures to the specified standard in May and June 2017.

Escape routes and final exits were clearly indicated; a diagrammatic evacuation plan was displayed at ground floor and first floor level. Consideration had been given to the balance of resident safety and fire safety requirements, for example, in the combination of final fastenings used such as easily released thumb turn devices or, doors and gates that were electronically controlled but released in the event of fire; professional advice had been sought on the restriction of first floor windows.

Records seen indicated that staff had attended fire safety training and a personal emergency evacuation plan (PEEP) had been prepared for residents based on their known needs; the plans included the use of alternate systems of alert in response to a sensory disability.

There was a centre-specific business continuity plan (emergency plan).

The inspector saw infection prevention and control measures including the supply of soap dispensers, disposable hand-towels and closed top, pedal operated bins at each wash-hand basin; staff had attended hand-hygiene education. The person in charge had also, to support good practice, requested local infection prevention and control personnel to review the premises and provide advice and any recommendations; the visit was awaited.

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):

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 safeguarding policies and procedures, designated persons, risk assessments and staff training. The inspector saw that the contact details of relevant persons such as the complaints officer, the local designated person and the national safeguarding lead were prominently displayed in the main hallway.

Training records indicated that staff had received recent training in safeguarding and in responding to behaviours of concern including de-escalation and intervention techniques; staff spoken with confirmed this and articulated a good understanding of what may constitute abuse and their personal reporting responsibilities.

The completed assessments of residents needs indicated that residents may at times present with behaviours of concern or risk to themselves or others; existing behaviour support plans were available to staff. The person in charge confirmed that following admission residents would have continued support as required from mental health services and a referral for the review of each resident had been sent to the behaviour support therapist.

There were policies and procedures standardised across the providers designated centres for the use of and the review of any ongoing requirement for restrictive practices. Given the known needs of residents, staff had identified a requirement for practices that may constitute a restrictive practice. Staff were clear that each identified intervention was specific to a resident specific risk and required for resident safety rather than reflective of generalised use of restrictive practice. Given the requirement for such interventions, for example locked presses in the kitchen or electronic fob access and egress, the behaviour therapist had completed a site visit and the restrictive practice committee had met to consider and plan for each required intervention. The person in charge confirmed that each resident and each intervention would be the subject of review as staff knowledge of residents needs increased and residents became

familiar with their environment.

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:

It was evident on speaking with staff that they had knowledge and information of residents' healthcare needs and how these would be supported following admission to the designated centre.

Links had been established with a local community based pharmacist, the community mental health nursing team, the behaviour therapist and local infection prevention and control personnel.

Training had been provided to staff (or was planned) that reflected residents known needs, for example, epilepsy awareness; the person in charge said that if any other training need was identified in response to a healthcare need, this would be facilitated.

The team leader confirmed that arrangements had been agreed to ensure that residents had access to a General Practitioner (GP) that was acceptable to them and that that GP would have access to the information required to ensure continuity of care.

Arrangements were in place to ensure that residents had access to mental health supports during and post transition.

Records were available to staff of existing healthcare needs and referral to and review by members of the multidisciplinary team, for example, all residents had had a recent dietetic review.

Staff were to prepare residents meals on a daily basis, in line with residents expressed choices and any specific dietary requirements.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were policies and procedures to guide medicines management practice.

The team leader confirmed that arrangements had been put in place with a local community pharmacist to supply medicines to residents once the centre was operational; medicines were to be supplied in a compliance aid initially on a weekly basis. A centre-specific procedure that included the checking and double signature of medicines administered was also to be implemented for a period post admission to enhance the safety of practice.

Secure storage was available.

All staff had completed training in the administration of medicines including the administration of a rescue medicine that was prescribed. Staff competency in medicines management had been assessed by the team leader. The team leader said that the provider was in the process of introducing new medicines related records and that all staff had also completed training in these and their use.

The provider had standardised procedures for the ongoing monitoring of the safety of medicines management practice, for example, daily balance reconciliation checks; these were to be implemented once the centre was operational.

The team leader confirmed that residents were currently not actively participating in their medicines regime; their capacity and willingness to do so was to be assessed following admission.

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
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The statement of purpose contained all of the information required by Schedule 2 and was an accurate reflection of the services and supports to be provided.</p>
<p>Judgment: Compliant</p>

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:
Based on these inspection findings, the inspector was satisfied that there were appropriate persons appointed and systems in place to ensure ongoing regulatory compliance and the safety and quality of supports and services provided to residents once the centre was operational.

The management team was in place and consisted of the regional manager, the person in charge and the team leader. All had established and supportive working relationships, established experience in the management and operation of a designated centre, and were clear on their respective roles and responsibilities.

The person in charge worked full-time and was responsible for two designated centres including this centre. The person in charge had a sound understanding of regulatory requirements and of what was required to demonstrate compliance; the person in charge has demonstrated her ability to achieve regulatory compliance in her existing designated centre. The person in charge readily answered any queries in relation to regulation, resident's needs and the operational management of the centre.

On a day-to-day basis the person in charge was supported by the team leader. The

team leader also had established experience in the supervision of staff and the operational management of a designated centre. Between them, the person in charge and the team leader held a core body of relevant education in psychology, adult education, disability studies and supervisory management. The team leader has recently completed studies in autism intervention to Masters Level.

The person in charge and the team leader clearly had established systems of delegation and management; they described to the inspector how they planned to work in a manner that ensured that one of them was in the centre and available to residents and staff until 22:00hrs daily until the centre was solidly established.

Staff spoken with described the management team as accessible, approachable, and supportive and focussed on resident well-being and development.

Additional support was available from the regional manager who was the person in charge's direct line manager; they met and spoke as necessary and met formally once a week.

The provider also operated a structured out-of-hours on call support rota the details of which were available to staff, however, the person in charge indicated that she also intended to be available to staff.

Both the person in charge and the team leader participated as auditors in the provider's schedule of announced and unannounced reviews of its designated centres and had direct contact with quality and standards personnel. The person in charge confirmed that these reviews would be undertaken in this designated centre by an auditor not working in the centre in a timely manner and within six months of the centre becoming operational.

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:

Based on these inspection findings there was evidence that the centre was effectively resourced. The premises had been refurbished to a high standard; required works for resident safety, including fire safety upgrading works, had been completed. Adequate

numbers of suitably qualified staff had been recruited to ensure the delivery of adequate care and support to residents.

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 inspector was satisfied that planned staffing levels and arrangements were based on the number and the assessed needs of the residents identified for admission to the centre.

The night-time staffing arrangement was to be two waking staff; there was to be a minimum of three staff on duty daily and a maximum of five staff to facilitate additional support required for community activities. This latter arrangement was to be facilitated by two staff employed on a flexible and responsive basis.

The staff team was recruited and staff were currently shadowing the care and supports provided to residents in their current place of residence. Staff spoken with had, from this shadowing experience, good knowledge of residents, their needs and strengths. In addition, staff spoken with confirmed their attendance at mandatory training. Training records seen indicated that training in safeguarding, fire safety, responding to behaviours of concern, manual and people-handling, medicines management and food safety had been completed by staff; one staff recently recruited had to complete manual handling and fire safety training but this was scheduled. Additional training completed and planned reflected residents needs and included autism-specific training, epilepsy awareness, hand-hygiene and positive behavioural supports.

Staff files were available for the purpose of inspection. The random sample reviewed was well-presented and contained all of the documents required by Schedule 2. Staff files also contained evidence of core relevant qualifications in social care.

The person in charge and the team leader confirmed that there was a formal process of staff supervision; probationary performance appraisals were seen to have been

completed.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

As discussed in the outcomes reported on, 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 were in place and or would be in place once the centre was operational.

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

The person in charge had secured a suite of Schedule 5 policies and procedures.

The statement of purpose, residents guide and contracts for the provision of care and services were available; core records were seen to be available in formats that were accessible to residents.

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
