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:	Navan Adult Residential Service
Centre ID:	OSV-0002674
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
29 November 2017 09:30	29 November 2017 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was a seven outcome inspection carried out to monitor compliance with the regulations and standards. The previous 18 outcome inspection was undertaken on the 27th and 28th of January 2016 and as part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection. The centre was registered in June 2016.

How we gathered our evidence:

The inspector interviewed the person in charge, team leader and two support workers. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

As part of the inspection, the inspector met with three of the four residents living in the centre. These residents told the inspector that they enjoyed living in the centre, spending time with the staff and of the many activities that they were involved in within the local community. One of the residents had not been engaged in a day service for more eight months and told the inspector that he missed not having his day service and hoped to be involved in one soon. The inspector observed warm

interactions between the residents and the staff caring for them.

Description of the service:

The service provided was as described in the providers' statement of purpose. The centre provided residential care for a maximum of five residents. At the time of inspection, there were four residents and one vacancy.

The centre comprised of a large two storey detached house with five single occupancy rooms for service users, two of which were ensuite. There was a good sized kitchen and separate dining area in the conservatory. There were also two separate sitting rooms. It had a nice sized back garden with seating area for residents.

Overall Judgment of our findings:

Overall, the inspector found that arrangements were in place for residents to be well cared for and that the provider had arrangements in place to promote their rights and safety. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre.

Of the seven outcomes inspected on this inspection, two outcomes were compliant, four outcomes were in substantial compliance and one outcome had moderate non compliances as outlined below.

Good practice was identified in areas such as:

- Resident's healthcare needs were met in line with their personal plans and assessments. (Outcome 11)
- There were systems in place to ensure the safe management and administration of medications. (Outcome 12)

Areas for improvement were identified in areas such as:

- It was determined that the needs of one resident were not being fully met in the centre. (Outcome 5)
- Some improvements were required regarding risk management arrangements. (Outcome 7)
- Some improvements were required in relation to behaviour support arrangements. (Outcome 8)
- The provider had not complied with the regulatory requirement to complete unannounced visits to the centre on a six monthly basis so as to assess the quality and safety of care. (Outcome 14)
- improvements were required in relation to staff supervision arrangements. (Outcome 17)
- Staff supervision arrangements in place were not adequate. (Outcome 17)

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

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. However, it was determined that the needs of one resident were not being fully met in the centre.

It had been assessed and recommended by the members of a multidisciplinary team that the needs of one of the residents would be better met in a different setting. In addition, this resident had not been able to engage in a day service for more than seven months. The resident told the inspector that he missed the structure in his life of attending a day service and that he wanted to attend one as soon as possible.

Each resident's health, personal and social care needs were assessed. There was a needs assessment policy, dated February 2017. A personal support plan was in place for each resident which detailed their needs, capacities and interests which was based on the supports needs assessment. There was a person centred planning policy, dated February 2017. Individual plans in an accessible format were also available for residents.

Residents were involved in a fair range of activities appropriate to their capacities. Examples included, attending a local gym, a community social club, cinema and going out to restaurants,

There were processes in place to formally review resident's personal support plans with the involvement of each resident, allied health professionals where appropriate and family representatives.

Judgment:
Non Compliant - Moderate

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:
The health and safety of residents, visitors and staff were promoted and protected. However, some improvements were required regarding risk management and infection control arrangements in place.

There was a risk management policy, dated 2014 which did not meet all of the requirements of regulation 26. There was a local risk register in place but this was not being maintained as a 'living document' as it had not been revised for an extended period. The inspector reviewed individual risk assessments for the residents which contained a good level of detail, were specific to the resident and had appropriate measures in place to control and manage the risks identified. There was a safety statement, dated May 2015, with written risk assessments pertaining to the environment and work practices which had recently been revised. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. Hazards and repairs were reported to the provider's maintenance department. Records showed that requests were generally attended to promptly.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences. All incidents were reported using a computerised system. The inspector reviewed a sample of all incidents and accidents reported which also recorded actions taken. There had been a significant decrease in the number of incidents reported with the preceding six week period. The provider had a health and safety officer and risk manager who it was reported reviewed trends of incidents across the service. Incident reporting was a standing agenda item at staff team meetings which took place every two weeks. There was evidence that specific incidents were discussed at these meetings with learning agreed in the centre.

Procedures in place for the prevention and control of infection required some improvement. The infection, prevention and control policy in place in the centre was dated January 2012. This was overdue for review and meant that staff might not have the most up-to-date information available to guide them in this area. An infection control risk assessment had been completed. The inspector observed that all areas were clean and in a good state of repair. Colour coded cleaning equipment was used and

appropriately stored. The inspector observed that there were sufficient facilities for hand hygiene available with paper hand towels in use and hand hygiene posters on display. There were adequate arrangements in place for the disposal of waste. A cleaning schedule was in place and records were maintained of tasks undertaken on a daily basis.

Suitable precautions were in place against the risk of fire. There was a fire safety policy, dated July 2017. A fire risk assessment had been completed. There was documentary evidence that fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. There were adequate means of escape and a fire assembly point was identified. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each resident had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the resident. Staff who spoke with the inspector were familiar with the fire evacuation procedures. All staff had received appropriate training. Fire drills involving residents had been undertaken at regular intervals.

There was a business continuity plan in place, dated November 2015 to guide staff in the event of such emergencies as fire, power outages or flooding.

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):
No actions were required from the previous inspection.

Findings:
There were measures in place to keep residents safe and to protect them from abuse. However, some improvements were required in relation to behaviour support arrangements.

The provider had a safeguarding policy. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. There had been a small number of incidents or suspicion of abuse in the previous 12 month period. These had been appropriately

dealt with. All staff had attended appropriate safeguarding training.

At the time of inspection, residents were provided with appropriate emotional and behavioural support. However, in the preceding period, there had been issues which were difficult to manage in a group living environment. There was a behaviours that challenge policy, dated November 2010. However, this policy was overdue for review which meant that staff might not have access to the most up-to date best practice in this area. Behaviour support plans were in place for residents who required same and the centre had access to a behaviour therapist and psychologist.

There was a policy on the use of restrictive procedures, dated November 2010. However, this policy was overdue for review. There were a minimal number of restrictive practices used in the centre.

There was a personal and intimate care policy, dated November 2012. However, it was overdue for review which meant that staff might not have access to the most up-to-date best practice in this area. The inspector reviewed personal plans which included details on individual residents intimate care needs assessments and plans. These contained a good level of detail to guide staff in meeting the intimate care needs of residents. Staff interviewed were familiar with the policy and intimate care plans for residents.

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):
No actions were required from the previous inspection.

Findings:
Resident's healthcare needs were met in line with their personal plans and assessments.

Residents health needs were appropriately assessed and met by the care provided in the centre. Specific health plans were in place for residents who required same. Each of the residents had their own general practitioner (GP). An out of hours GP service was also available. Overall residents in the centre had low medical needs but accessed allied health professionals where required. Residents attended regular reviews with their GP. A log was maintained of all GP and other professionals contacts.

The centre had a fully equipped kitchen and dining area. This was observed to be an adequate space to make meal times a social occasion. There was a recognised food

safety management system and procedure in place. There was a food safety policy, dated October 2014 and a monitoring and recording of nutritional intake policy, dated May 2015.

There was a weekly menu planner in place which was agreed with residents on a weekly basis. It was noted that a range of nutritious, appetising and varied foods were provided for residents. Residents spoken with outlined how they liked shopping for and preparing meals in the centre. A number of residents had chosen to follow a healthy eating programme and this was supported by staff.

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

Findings:
There were systems in place to ensure the safe management and administration of medications.

The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. An administration of medication policy was in place, which had recently been revised. There was a secure cupboard for the storage of all medicines. The inspector reviewed a drug administration records and found that they had been appropriately completed. Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. All staff had received appropriate training in the safe administration of medications.

An assessment had been completed to assess the ability of individual residents to self manage and administer medications but found that it was not suitable for any of the residents to be responsible for their own medications. Individual medication management plans were in place.

There were some systems in place to review and monitor safe medication management practices. Counts of all medications were undertaken on a weekly basis. The pharmacist connected with the centre reviewed and signed off on all drug administration records on a regular basis.

There were procedures for the handling and disposal of unused and out of date drugs. There was a separate secure area for the storage of out of date medications. A record was maintained of all unused and out of date medications returned to pharmacy which was signed by two members of staff returning same.

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):
No actions were required from the previous inspection.

Findings:
There were management systems in place to ensure that the service provided was safe, consistent and appropriate to resident's needs. Some improvements were required so as to ensure that the provider complied with the regulatory requirement to complete unannounced visits to the centre on a six monthly basis to assess the quality and safety of care.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge had been manager in the centre for the past two years and had worked in the position of a team leader before that. Overall she had been working in the centre for more than 12 years. At the time of inspection, she was in the process of completing a management course. Staff interviewed told the inspector that the person in charge was approachable and supported them in their role. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the assessed needs and support requirements for the residents.

The person in charge was in a full time post. At the time of inspection she was also responsible for one other centre where the person in charge was on extended leave. It was proposed that this would end in January 2018. She was supported by a team leader. On-call arrangements were in place and staff were aware of these and the contact details.

There was a clearly defined management structure in place that identified lines of

accountability and responsibility. Staff who spoke with the inspector had a clear understanding of their role and responsibility. The person in charge reported to the integrated service manager who in turn reported to the regional operations officer. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

An annual review of the quality and safety of care and support had been undertaken in line with regulatory requirements. An unannounced visit to review the safety and quality of care had been undertaken by the provider in November 2016. However, the following unannounced visit had not been undertaken until the end of July 2017. This was not in line with the requirements of the regulations which states that an unannounced visit to assess the quality and safety of care should be undertaken every six months. An improvement action plan to address issues identified had been put in place, with an appropriate assignment of responsibility and timelines. No other formal audits were undertaken in the centre.

Regional senior manager meetings were undertaken on a six weekly basis. There was evidence that issues and learning identified in individual meetings were shared at these meetings to enable shared learning across the service.

Judgment:
Substantially 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:
There were consistent staff members working with residents who had received up-to-date mandatory training. However, improvements were required in relation to staff supervision arrangements.

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs pf residents at all times. The staff team had worked in the centre for a number of years and there were a small number of regular agency and relief staff used on a regular basis. This meant that residents had continuity of care from their care givers. There were emergency on call arrangements in place. A staff communication

book and staff handover sheets were completed on a daily basis.

A training programme was in place for staff which was coordinated by the providers training department. The inspector observed that a copy of the standards and regulations were available in the centre. Staff interviewed were knowledgeable about policies and procedures in place. Training records showed that staff were up-to-date with mandatory training requirements.

There were staff supervision arrangements in place but some improvements were required so as to ensure that all staff received appropriate supervision. There was a supervision policy in place which stated that supervision should be undertaken on a four to six weekly basis. The inspector reviewed a sample of supervision files and found that they were of a good quality. However, some staff were not receiving supervision in line with the frequency stated in the providers policy.

There were no volunteers working in the centre at the time of inspection.

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:

Maureen Burns Rees
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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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-0002674
Date of Inspection:	29 November 2017
Date of response:	28 December 2018

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:
It had been assessed and recommended by the members of a multidisciplinary team that the needs of one of the residents would be better met in a different setting.

This resident had not been able to engage in a day service for more than seven months.

[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 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
•In March 2017 the multidisciplinary team recommended that the resident be supported to move to a more suitable service to meet his needs. The HSE agreed with recommendation and commenced the process of sourcing a new service for the resident.
•There has been ongoing communication with HSE during 2017 with regard to sourcing a more suitable service to meet the resident's needs. To date nothing has been sourced.
•Senior Operational Staff are currently involved in communicating with the HSE on this matter with a view to getting confirmation of arrangements in terms of where the resident will be moving to and timelines for the move. Every effort will be made by the provider to ensure these plans are in place by 31/01/2018.

Proposed Timescale: 31/01/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was a risk management policy, dated 2014 which did not meet all of the requirements of regulation 26.

There was a local risk register in place but this was not being maintained as a 'living document' as it had not been revised for an extended period.

2. Action Required:
Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

Please state the actions you have taken or are planning to take:
•The most recent organisation policy on Risk Management was published in February 2017. This policy has now been provided in the service and will be discussed with all staff to inform staff practice going forward. This policy along with policies contained in the risk management framework cover the requirements of Regulation 26(1).
•The Local Risk Register has been updated and will be maintained by PIC going forward as a "living document" to inform risk management practices and controls in the service.

Proposed Timescale: 31/12/2017

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The infection, prevention and control policy in place in the centre was dated January 2012.

3. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
•The organisation's Infection, prevention and control policy has been reviewed internally by subject matter experts and is currently in the process of being signed off by senior management.

Proposed Timescale: 31/01/2018

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:
There was a behaviours that challenge policy, dated November 2010. However, this policy was overdue for review which meant that staff might not have access to the most up-to date best practice in this area.

4. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
•The most recent organisation policy on Positive Behaviour Support was published in November 2015. This policy has now been provided in the service and will be discussed with all staff to inform staff practice going forward.

Proposed Timescale: 31/12/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

An unannounced visit to review the safety and quality of care had been undertaken by the provider in November 2016. However, the following unannounced visit had not been undertaken until the end of July 2017.

5. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
•The next unannounced visit to the service will take place during January 2018.

•The Quality and Governance Directorate will ensure unannounced visits happen at minimum six monthly thereafter.

Proposed Timescale: 31/01/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff were not receiving supervision in line with the frequency stated in the providers supervision policy.

6. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
•All staff to receive supervision at least once before 31st December 2017.
•Schedule for supervision in 2018 has now been developed, all staff members will receive supervision every six weeks in line with organisational policy.

Proposed Timescale: 31/12/2017