



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Cavan Supported Accommodation
Name of provider:	RehabCare
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	24 October 2018
Centre ID:	OSV-0002676
Fieldwork ID:	MON-0024432

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre comprised of three apartments all within the same building and on the same first floor level. Two apartments were two bedroom and were regarded as independent accommodation. The third apartment had four bedrooms which incorporated staffing facilities. There were six residents living in the designated centre at the time of inspection and there was one vacancy. The centre catered for both male and female individuals with a mild intellectual disability. The staff provided support to all three apartments and an on-call system was in place if residents required support from staff. The apartments were clean and tidy and well maintained at the time of inspection. Residents had personalised each of the apartments and their individual bedrooms to their own taste.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
24 October 2018	09:30hrs to 16:00hrs	Maureen Burns Rees	Lead

Views of people who use the service

As part of the inspection, the inspectors met with the four residents living in the centre. These residents told the inspectors that they enjoyed living in the centre, spending time with staff and of the many activities they were each involved in within the local community. The inspectors observed warm interactions between the residents and the person in charge and the staff member caring for them on the day of inspection. Each of the residents had completed a HIQA questionnaire regarding the quality of the service. These detailed that the residents were satisfied with the service being provided.

The inspectors found that residents were enabled to communicate their needs, wishes and choices which supported and promoted residents to make decisions about their care. Residents were actively supported and encouraged to maintain connections with their families. A number of the residents had regular visits to their own family home and relatives visits in the centre. The inspectors did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support their loved ones were receiving.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to the resident's needs.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge had been manager in the centre for more than 16 years. He was in a full time post and also held responsibility for two day services and an outreach service located nearby. Despite his competing responsibilities he was found to be actively involved in the governance and operational management of the centre. He was found to have a sound knowledge of the care and support requirements for each of the residents. The person in charge reported that he felt supported in his role.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the integrated services manager who in turn reported to the regional operations manager. On-call arrangements were in place for staff.

The provider had completed six monthly unannounced visits to assess the quality

and safety of the service as required by the regulations. However, an annual review of the quality and safety of care in the centre had not been undertaken. There was evidence that appropriate actions had been taken to address issues identified in the unannounced visits. The person in charge completed a key performance report on a regular basis which was submitted to senior management. Items covered included person centred planning, staff supervision and health and safety audits.

There were effective recruitment and selection arrangements in place for staff. There was a small staff team who were found to have the appropriate skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place and the staff team had been working in the centre for an extended period. This ensured consistency of care for the residents.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place which was coordinated by the providers training department. Training records showed that staff were up-to-date with mandatory training requirements. There were no volunteers working in the centre at the time of inspection.

Staff supervision arrangements were in place. However, it was identified that staff were not receiving formal supervision in line with the frequency specified in the providers policy.

Appropriate information on each of the residents was maintained in the centre. However, a directory of residents was not being maintained, as per the requirements of the regulations.

Five of the six residents had a written agreement in place which outlined the services to be provided and fees payable. However, a contract of care had not yet been put in place for a resident who had been admitted to the centre three months previous to the inspection.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The full complement of staff were in place and considered to have the required skills

and competencies to meet the needs of the residents living in the centre.
Judgment: Compliant
Regulation 16: Training and staff development
Training had been provided for staff to improve outcomes for residents. However, staff were not receiving formal supervision in line with the frequency specified in the providers policy.
Judgment: Substantially compliant
Regulation 19: Directory of residents
A directory of residents was not being maintained in the centre, as per the requirements of the regulations.
Judgment: Not compliant
Regulation 23: Governance and management
The governance and management systems in place promoted the delivery of a high quality and safe service. However, an annual review of the quality and safety of care in the centre had not been completed as per the requirements of the regulations.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
Five of the six residents had a written agreement in place which outlined the services to be provided and fees payable. However, a contract of care had not yet been put in place for a resident who had been admitted the the centre three months previous to the inspection.
Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose, that accurately and clearly described the services provided.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support which was of a good quality, safe, person centred and which promoted their rights.

The residents living in the centre required a low level of support and were independent in many of their activities of daily living. Personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social needs and choices. Personal plans in place were reviewed at regular intervals with the involvement of the resident and family representatives were appropriate.

The residents were each supported as required to engage in meaningful activities in the centre and within the community. Each of the residents attended a day service which was located in the same building as their apartments. Residents participated in activities that promoted community inclusion such as, swimming, the cinema, nature walks, special Olympics and a local social club. Individual weekly schedules were in place for residents.

The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. A medication management policy was in place. Assessments had been completed to assess the ability of individual residents to manage and administer their own medications. These assessments determined that a number of residents were suitable to manage their own medication and its administration. There was a secure cupboard for the storage of medicines in each of the apartments and in a number of the residents bedrooms. All staff had received appropriate training in the safe administration of medications. Individual medication management plans were in place. There were systems in place to review and monitor safe medication management practices which included regular counts of all medications and periodic audits of practices.

The centre was found to be suitable to meet the resident's individual and collective needs in a comfortable and homely way. The centre comprised of three separate apartments each located on the first floor of the same building. There were two residents living in each of the apartments at the time of this inspection. It was considered that the needs of each of the residents was being met in the group living

environment. Each of the residents had their own bedrooms which had been personalised to their tastes and choices.

The residents had a nutritious, appetizing and a varied diet. Each of the residents purchased and prepared their own meals and snacks with minimal assistance of staff. The timing of meals and snacks throughout the day were planned to fit around the needs of the residents. A healthy eating programme was promoted in the centre and suitable information on this was available for residents in the centre.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. There was a centre specific safety statement in place, dated April 2018. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for the reporting of all incidents and adverse events involving residents. However, it was noted that incidents were not routinely discussed at staff meetings or other staff forums to promote opportunities for learning and to prevent incidences. Overall, there were a low number of incidents in the centre.

Overall, suitable precautions were in place against the risk of fire. 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. There were adequate means of escape. Each resident had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the resident. Fire drills involving residents had been undertaken at regular intervals. However, a fire drill had not been undertaken since the admission of a new resident in the preceding three month period.

Residents were provided with appropriate emotional support. However, it was identified that the behaviour support plan in place for one of the residents had not been reviewed for an extended period. This meant that it may not have been providing the most appropriate guidance for staff in meeting the needs of the individual resident.

Regulation 17: Premises

The centre comprised of three separate apartments. Each of the apartments were homely and promoted the privacy, independence and safety of each resident. All areas were found to be well maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

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

Judgment: Compliant

Regulation 28: Fire precautions

Overall, suitable precautions were in place against the risk of fire. However, a fire drill had not been undertaken since the admission of a new resident in the preceding three month period.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were being met.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional support. However, it was identified that the behaviour support plan in place for one of the residents had not been reviewed for an extended period.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Cavan Supported Accommodation OSV-0002676

Inspection ID: MON-0024432

Date of inspection: 24/10/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Background</p> <p>RehabCare's Training Team co-ordinate and deliver a suite of training courses which meet regulatory requirements and assessed Residents' needs. At the time of the inspection all available staff had completed mandatory training but the training records had not yet been updated to reflect this. The PIC liaises regularly with RehabCare's Training Team to schedule staff on relevant training courses. The Training Team update individual staff training records once training has been scheduled and completed. The PIC has access to these records via an internal platform.</p> <p>Action</p> <ul style="list-style-type: none"> • Training record has been updated to reflect training completed and scheduled, this was completed on 25/10/2018. • All outstanding training will be completed by 31/1/2019 • By 7/12/18 will have received supervision. Going forward staff supervision will be receive supervision on a quarterly basis in line with organizational policy. 	
Regulation 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Background</p> <p>A directory of residents with information as required by the regulations is in place and maintained for each resident within the designated centre.</p>	

<p>Action</p> <p>The Directory of Residents has now been updated, this was completed on 25/10/2018.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Background</p> <p>There is an operational line management structure in place to oversee the management of the service, this structure supports service delivery from local level to national level across the organization. The organization is committed to ongoing oversight completing unannounced visits every six months and conducting an annual review of the service. The Quality and Governance Directorate with subject matter experts are actively supporting the service on an ongoing basis in terms of risk management, medication, safeguarding, regulations etc.</p> <p>Actions</p> <ul style="list-style-type: none"> •Annual Review to be completed before 21/12/2018. 	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>Background</p> <p>The organisation's admissions policy guides admissions to services. Each resident and where appropriate their representative are provided with and requested to sign a contract of care which details the supports that will be provided for them and also outlines any financial contributions that will be required to make to the service. The Contracts of Care are reviewed on a regular basis to reflect changes as they arise.</p> <p>Action</p> <ul style="list-style-type: none"> •Contract of Care to be reviewed, updated as required and discussed with Resident to be completed by 30/11/2018. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Background</p> <p>Within the service there are systems in place to ensure all fire equipment is serviced and in working order. Daily and weekly checks are completed to ensure exists are not obstructed etc. Each resident has an individual PEEP which identifies their support requirements in the event of a fire. A fire risk assessment is completed and regularly</p>	

reviewed. Regular fire drills are facilitated to ensure there is adequate preparation in the event of a real fire.

Action

- Fire drill in which the recently admitted resident participated was completed on 26/10/2018.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Background

- The organisation's Positive Behaviour Support and Restrictive Practices Policies guides staff practice when supporting Residents in this regard. Organisational policy requires that all staff must complete a 2-day MAPA Foundation course and an annual refresher thereafter throughout their employment with RehabCare. This training equips staff with the skills required to support Residents who experience behaviours that challenge.
- Behaviour management plans are in place where necessary and staff are knowledgeable and competent in the implementation of these plans. These plans are periodically reviewed and monitored to ensure they are meeting the needs of the Resident.

Actions

- Referral for behavioural therapy support to review the plan will be completed by 30/11/2018. Care Plan review meeting will take place on 22/11/2018 to review overall support needs including behavior support.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	07/12/2018
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Not Compliant	Yellow	25/10/2018
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	21/12/2018
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of	Substantially Compliant	Yellow	30/11/2018

	giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	26/10/2018
Regulation 07(1)	The person in charge shall 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.	Substantially Compliant	Yellow	30/11/2018