

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballinamore Accommodation
Centre ID:	OSV-0002684
Centre county:	Leitrim
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Rachael Thurlby
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 October 2017 10:30 To: 10 October 2017 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection:

This inspection was carried out to inform a renewal of registration of this centre. This was the fourth inspection of the centre and thirteen outcomes were inspected. Previously a monitoring inspection was undertaken on the 16 July 2016 and as part of this inspection the inspector reviewed the three actions issued on the last inspection. The inspector found that the three actions were completed.

How we gathered our evidence:

The inspector interviewed the person in charge, team leader, a staff nurse and care assistants and found that the staff and management team were familiar with the residents and their assessed needs. Care files related to four adults were reviewed by the inspector. The inspector inspected care practices and documentation such as care plans, medical records, accident and incident logs, policies, procedures and staff supervision files and found a high level of compliance in the documentation maintained.

The inspector met with the eight residents during the course of the inspection. The residents appeared content and happy during discussion and told the inspector about their daily routine and social activities. The inspector observed warm interactions between the residents and staff caring for them.

Description of service

This centre comprised two semi detached houses; each house had the capacity for four residents. This was reflected in the statement of purpose which the inspector found described the service provided to all residents. The houses were well decorated and well maintained with adequate space in communal living areas to facilitate visitors.

Overall judgment of our findings

Thirteen outcomes were inspected and all were found to be compliant. Overall, the inspector found that residents received a good quality service in the centre. There was good governance and management arrangements in place and adequate staffing were allocated to support residents in their daily activities.

Residents were supported to attend day services five days a week, and one resident was supported to participate in their chosen activities from their home that reflected their needs and choice. The inspector found that all residents' needs and wishes were attended to and residents had good active lives.

Six residents questionnaires and one family questionnaire was completed prior to the inspection and all questionnaire responses were positive regarding the care and welfare of the residents living in the centre.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found arrangements in place to promote the rights, privacy and dignity of residents and for residents to participate in decisions about their care and the organisation of the centre.

Residents told the inspector they were consulted with, and participated in, decisions about their care and about the day-to-day running of the centre. Residents attended regular house meetings where discussions were held about their daily routines and planned their evening meals for during the week. In addition, the inspector observed a picture notice board in the house which allowed residents to put items on the agenda to discuss at house meetings.

The inspector reviewed the practices and procedures for managing residents' finances. The inspector was told that all of the residents finances were managed either by the individuals themselves, family or staff. One resident's financial records were checked and found to be managed appropriately in line with organisational policy and procedures. In addition, residents took personal responsibility for paying their rent and household bills.

There was a complaints procedure and policy in place which was available to residents in the centre. The person in charge was appointed the complaints person and details were available on the easy-to-read complaints guide. The complaints log showed that there was no open complaints and previous complaints had been managed in line with centre policy and residents were happy with the outcome of their complaints.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The centre had a communication policy in place and the communication needs of the residents were observed as being met on the day of inspection. Residents using this service were able to speak with the inspector and they told the inspector they were well supported to communicate their wishes.

The inspector also observed staff interacting with residents in a respectful manner that supported their individual communication needs. During the inspection residents and staff were observed chatting in a friendly manner whilst preparing dinner.

Residents accessed the community and interacted with locals independently while shopping and engaging in social activities.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that residents were supported to develop and maintain personal relationships and links with the wider community in accordance with their needs, wishes, preferences and abilities.

Residents told the inspector that they had communications with their family members and were supported in decisions about their life. For example, residents and their families were involved in setting annual personal goals and the inspector found that residents were socially integrating in the local community and meeting their neighbours.

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):

No actions were required from the previous inspection.

Findings:

There was an admission policy and procedure in place. Admissions to the centre were in line with the centre's statement of purpose.

Individual contracts of care were in place and available on the files of each of the residents in the centre. These contracts set out the arrangements for the support, care and welfare of each resident, the services provided and any fees charged.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that each resident's social care needs were being met by a high standard of evidence-based care and support. Residents' individual needs and goals were assessed and plans were in place to ensure that residents' goals had been achieved.

All residents had a personal plan in place, which included their health and social care goals. There was evidence that residents and or their families were involved in preparing their personal plans. The inspector viewed four of the residents' personal plans and found that they were individualised and person centred, were regularly reviewed and reflected the residents' needs. In addition, residents' abilities and aspirations were clearly identified. For example, one individual had requested to pursue their daily activities from home and this request was facilitated and the individual was individually supported by a staff member.

The inspector found that there were details included in the residents' plans of opportunities for them to participate in activities appropriate to his or her interests. A key worker was assigned to each resident to help them to achieve their personal goals and the inspector saw that goals identified for the previous year had been reviewed and all had been achieved.

Residents living in this centre were very much part of the local community. Residents attended the local day services and they also visited the local businesses and community facilities in the town; the local pubs, restaurants, the library and church as well as taking part in social activities in the house including cooking, art and massage.

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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and

mets residents' individual needs in a comfortable and homely manner.

The centre consisted of two separate semi detached houses; each had capacity for four residents with a bedroom for staff to sleep over. Eight semi independent residents were accommodated on the day of inspection. Residents were all aged over 18 years. Male and female residents were accommodated in the centre.

There was a sitting and dining space separate to the residents' private accommodation which allowed for a separation of functions. Each resident was provided with a single room in order to provide adequate privacy.

The centre was clean and well maintained. Car parking was available to the front of the centre and an enclosed garden to the rear, with a shed and garden furniture. The garden was well maintained and there was an outdoor patio area to accommodate suitable garden seating and tables provided for residents' use. Laundry facilities were provided within the premises. Residents completed their own laundry with the assistance of staff as required.

Transport was provided by the provider organisation to assist residents in accessing work, education and recreational opportunities.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found that there were systems and practices in place to ensure residents welfare was maintained to a high standard and that arrangements were in place to promote the health and safety of residents, staff and visitors in the centre. All actions identified during the previous inspection had been completed.

The inspector found that there was a risk management policy which outlined the measures to be taken to ensure the health and safety of residents was protected and promoted. Staff were aware of these policies and procedures. In addition, there were systems in place to record and manage risks in the centre. The inspector reviewed accident and incident records and found that a low number had occurred in the centre and they were well managed. The inspector also found that appropriate measures had been put in place to prevent further accidents in the centre.

The provider identified organisational risks on a risk register that were centre specific. Clinical and organisational risks identified on the risk register had been reviewed to reflect the current hazards and risk ratings. The person in charge told the inspector that they reviewed these risks regularly.

The inspector reviewed fire safety management in the centre and found that there were systems in place, and documents to show, all the fire safety equipment was serviced and regular fire safety checks and procedures were carried out in the centre. The inspector found that the action from the previous inspection had been addressed. Self closures on all of the fire doors in the centre had been installed.

During the inspection, the inspector found that the fire panel in one of the houses was located in the utility room which created a risk to resident and staff, as in the event of the fire, staff or residents would have to enter the high risk areas to read the fire panel. This was brought to the attention of the management team during the inspection and the inspector was given assurances that the panel would be immediately moved to the hallway. The inspector received written confirmation from the person in charge that the panel has been relocated since the inspection.

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):

No actions were required from the previous inspection.

Findings:

Appropriate measures were in place to protect residents from being harmed or suffering abuse. Staff members were observed treating residents with respect and warmth and residents told the inspector that they felt very safe in the centre.

There was a policy available on the prevention, detection and response to abuse. Staff who met with the inspector demonstrated an understanding of what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to. Staff had completed safeguarding and protecting vulnerable adults training.

Residents were provided with appropriate support to help promote a positive approach to behaviour that challenges. The inspector reviewed the behavioural support plan of one resident. Efforts were made to identify and alleviate the underlying causes of behaviour and any triggers which caused the behaviour. The inspector saw that multidisciplinary input was sought when planning interventions for residents.

Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

A restraint-free environment was promoted. There were no physical or chemical restraints in use at the time of inspection.

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):

No actions were required from the previous inspection.

Findings:

Residents were supported on an individual basis to achieve and enjoy the best possible health. Each resident's healthcare needs were appropriately assessed and care plans were in place to ensure they received the appropriate care.

Residents had timely access to their general practitioner (GP) service and appropriate treatment and therapies. Residents had access to allied health services which reflected their diverse care needs. The inspector saw that residents were actively encouraged and enabled to take responsibility for their own health and medical needs.

Records of all referrals and follow-up appointments were maintained.

The inspector observed the food stocks in the house and noted that there was fresh food stored in the fridge which was nutritious, appetising, varied and available in sufficient quantities. Snacks were also available throughout the day. Residents were offered support to eat and drink when necessary and in a sensitive and appropriate manner.

Residents were supported to prepare their own meals as appropriate to their abilities and preferences. The advice of dieticians and other specialists had been implemented in

accordance with each resident's personal plan. The inspector observed one meal time which was a positive social event.

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):

No actions were required from the previous inspection.

Findings:

Residents were protected by the designated centre's policies and procedures for medication management.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

There were systems in place for reviewing and monitoring safe medication management practices. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. Furthermore, the inspector saw that the person in charge had completed audits of medication practices to ensure safe medication administration practices were in place in the centre. Medication errors had been recorded and the person in charge had identified strategies to support residents when this occurred. Learning was also documented from the errors observed.

The processes for the handling of medicines were safe and in accordance with current guidelines and legislation. The inspector saw that all staff members were adhering to appropriate medication management practices. For example, staff were trained in the appropriate procedures for the handling and disposal for unused and out-of-date medicines.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure

that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. This included regular audits to ensure effective delivery of care and supports as identified in the statement of purpose. Families who completed the Health Information and Quality Authority (HIQA) questionnaires were complementary of the service and particularly the staff working and managing this service.

An action from the last inspection was completed; previously there was no annual review of the service and this was now put in place by the provider.

The centre was managed by a suitably qualified, skilled and experienced person. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. The person in charge worked full time and during the inspection clearly demonstrated a thorough knowledge of the legal requirements of her role. She had extensive experience in the area of intellectual disabilities care services.

Management systems were in place that provided care and support to the residents through effective on call arrangements and a clearly defined management structure. There was also a team leader working in the centre who had responsibility for the day-to-day management of the centre. She demonstrated to the inspector a good knowledge of the centre and the residents' care needs.

The person in charge received supervision from her line manager and also stated that she was contactable at other times as required.

The provider had completed a comprehensive review of the service and had completed the six monthly unannounced audit which was available in the centre at the time of inspection. There was also an annual quality and safety report completed by the provider as required by the regulations. During the inspection, the inspector found that the person representing the provider was responsive to addressing concerns and ensured that all concerns raised were clarified for the inspector or actioned before the end of the inspection.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

There was an effective recruitment procedure in place and good support and supervision arrangements for staff and managers. There was a consistent team of staff working with residents who were supervised on an appropriate basis, and were provided the required training to work in the centre. Overall, the staffing levels and experience were sufficient to meet the needs of the residents in the centre. The majority of staff had worked in the centre for a number of years which meant that residents had continuity in their care givers.

A training programme was in place for staff which was coordinated by the provider's training department. Training records showed that staff were up-to-date with mandatory training requirements.

There were effective recruitment procedures in place that included checking and recording all required information. There was an up-to-date recruitment policy in place. There was also a suite of other human resource policies in place to support staff working in the centre. Staff meetings took place every six to eight weeks.

There were staff supervision arrangements in place. Records reviewed showed that supervision was of a good quality and undertaken at regular intervals.

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

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):

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

Findings:

All of the written policies and procedures as required by Schedule 5 of the Regulations were in place. On the last inspection, some policies had not been reviewed in the previous three years; on this inspection all of the schedule 5 policies were in place, as required by the regulations. The inspector found that the person in charge had robust systems in place for maintaining documentation and filing.

The inspector found the records that were required to be retained in the centre as listed in schedule 3 (residents records) and schedule 4 (general records) of the regulations were in place.

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:

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