### Centre name:
Dundalk Supported Accommodation

### Centre ID:
OSV-0003405

### Centre county:
Louth

### Type of centre:
Health Act 2004 Section 39 Assistance

### Registered provider:
RehabCare

### Provider Nominee:
Cyril Gibbons

### 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.
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: 19 October 2017 10:00
To: 19 October 2017 17:30

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

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<th>Outcome</th>
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Summary of findings from this inspection
Background to the inspection:

This was an eight outcome inspection carried out to monitor compliance with the regulations and standards. The previous 18 outcome inspection was undertaken on the 20 and 21 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 November 2016.

How we gathered our evidence:

The inspector interviewed the person in charge 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 two 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. The inspector observed warm interactions between the two residents in the centre at the time of inspection 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 four residents at the time of inspection and there was one vacancy. Residents living in the centre had minimal levels of support.

The centre was located on the outskirts of a town in county Louth and close to local amenities which residents could walk to if they wished. The centre comprised of a two storey detached, six bedroomed house. It had a nice sized back garden.

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 eight outcomes inspected on this inspection, three outcomes were compliant, two outcomes were in substantial compliance and two outcomes had moderate non compliances as outlined below.

Good practice was identified in areas such as:

- The health and safety of residents, visitors and staff were promoted and protected. (Outcome 7)
- 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:

- Contracts of care were in place which outlined services to be provided but did not include details of fees payable. (Outcome 4)
- Improvements were required to ensure that personal plans where appropriately revised following review meetings. (Outcome 5)
- Some improvements were required in relation to behaviour support arrangements. (Outcome 8)
- The provider had not complied with all regulatory requirements in relation to monitoring the quality and safety of care in the centre. (Outcome 14)
- Staff supervision arrangements in place were not adequate. (Outcome 17)
### 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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Contracts of care were in place which outlined services to be provided but did not include details of fees payable.

Each resident had a signed tenancy agreement and contract in place. However the contract of care and/or the tenancy agreement did not set out recurring fees that were payable by residents. For example, contributions towards rent and household bills.

**Judgment:**
Non Compliant - Moderate

### 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):**
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. However, improvements were required to ensure that personal plans where appropriately revised following review meetings.

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 wide range of activities appropriate to their capacities. In the previous 12 month period, the residents had gone on a foreign holiday together with the support of staff. Residents spoken with, outlined how they had enjoyed their holiday and of their plans for future trips together.

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. It was noted that personal and social care goals set for 2016 and progress in achieving same were discussed and reviewed at recent review meetings. In addition, goals for 2017 were also identified. However, goals identified and agreed at review meetings had not been included in personal support plans and it was not evident in some cases that actions were being taken or planned to achieve specific goals identified.

**Judgment:**
Substantially Compliant

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**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.

There was a risk management policy, dated February 2017 which met with the regulatory requirements. There was a formal risk escalation pathway in place. 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 September 2017, with written risk assessments pertaining to the environment and work practices. There was a health and safety policy, dated February 2017. 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. Overall, there were a low number of incidents reported in the centre. The provider had a health and safety 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.

Appropriate procedures were in place for the prevention and control of infection. There was an infection, prevention and control policy, dated February 2017. 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 were on display. There were adequate arrangements in place for the disposal of waste. A cleaning schedule was in place and records were maintained of all 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.

Residents living in the centre were fully mobile and there were minimal manual handling requirements for staff.

There was an emergency plan in place, dated February 2017 to guide staff in the event of such emergencies as power outages or flooding.

**Judgment:**
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 appropriate 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, dated October 2016. The picture and contact details for the designated officer was observed to be on display in the centre and was listed in the appendix of the 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 one incident or suspicion of abuse in the previous 12 month period. This had been appropriately dealt with. All staff had attended appropriate safeguarding training. There was a whistle blowing policy, dated November 2015 which provided guidance for staff on reporting any concerns that they might have.

There was a personal and intimate care policy, dated February 2017. The inspector reviewed individual intimate care risk assessments and plans on residents files. 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.

Overall, there was a low level of behaviour that challenges in the centre and residents were provided with emotional and behavioural support. However, a behaviour support plan was not in place for a resident identified to require same. Risk assessments of specific behaviours and presentations had been completed. The provider had a behaviour therapist in place who could be accessed by the centre. There was a behaviours that challenge policy, dated February 2017.

The provider had a policy on the use of restrictive procedures, dated February 2016. No environmental, physical or chemical restrictions were in use in the centre at the time of inspection.
**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**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. Up-to-date hospital passports were on file with all pertinent information should a resident require transfer to hospital. Specific health plans were in place for residents who required same. For example, cholesterol plans. 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. At the time of the last inspection, residents did not have an annual health check to identify healthcare issues that residents themselves might not be aware of. On this inspection, the inspector found that 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 come 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 February 2017.

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. Residents weights were recorded on a monthly basis to monitor any fluctuations. 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, dated March 2017. There was a secure cupboard for the storage of all medicines. The inspector reviewed a sample of prescription and administration sheets 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.

Staff had assessed the ability of individual residents to self manage and administer medication and as a result three out of four of the residents were responsible for their own medications. Individual medication management plans were in place. At the time of the last inspection, the assessment for the self administration of medication was not in line with the organisations policy. Since that inspection the self administration of medication assessment process had been revised to be in line with policy and was considered robust by the inspector.

There were some systems in place to review and monitor safe medication management practices. Medication management audits were undertaken on a periodic basis and where issues were identified appropriate actions had been taken.

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

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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 some management systems in place to ensure that the service provided was safe, consistent and appropriate to resident's needs. However, the provider had not complied with all regulatory requirements in relation to monitoring the quality and safety of care in the centre.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge had taken up her post in March 2016. She was a registered general nurse and held a diploma in management and a masters in rehabilitation science. She had been working in a management position within the wider service for more than nine years. Staff interviewed told the inspector that the person in charge was a good leader, 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 health needs and support requirements for both the residents.

The person in charge was in a full time post but also held responsibility for an adult day service and another residential centre located some distance away. The staff roster showed that the person in charge was based in the centre three days per week. It was noted in the visitors booked that she on occasions also visited the centre outside of these hours. 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 for 2016 had not been undertaken in line with regulatory requirements. An unannounced visit to review the safety and quality of care had been undertaken by the provider as required by the regulations in January 2017 and again in July 2017. 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:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not 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 and staff training.

There was a small staff team who had worked in the centre for a number of years which meant that residents had continuity in their care givers. Overall the residents living in the centre were independent and required minimal support. Only one staff member was rostered on duty at any one time. There were emergency on call arrangements in place. A staff communication book and staff handover sheets were completed on a daily basis. The person in charge was based in the centre an average of three half days per week. The provider had recently recruited a team leader to work in the centre for an average of three half days per week at times when the person in charge was not working in the centre.

A training programme was in place for staff which was coordinated by the providers training department. There was a staff training and development policy, dated February 2017. 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 generally up-to-date with mandatory training requirements. However, training regarding the management of challenging behaviour was required by some staff members.

Staff supervision arrangements in place were not adequate. There was a supervision policy in place which stated that supervision should be undertaken on a four to six weekly basis. However, staff in the centre were not receiving supervision in line with the
frequency stated in the providers policy and a number of staff had not received supervision for an extended period.

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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
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</thead>
<tbody>
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<td>Centre ID:</td>
<td>OSV-0003405</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>19 October 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09 November 2017</td>
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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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Contracts of care were in place which outlined services to be provided but did not include details of fees payable.

1. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
Details of fees payable have now been included in the contract of care. The fees have been discussed with the residents and they have signed copies of the revised documents to indicate that they understand the fees payable within the service.

Proposed Timescale: 31/10/2017

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:
Goals identified and agreed at review meetings had not been included in personal support plans and it was not evident in some cases that actions were being taken or planned to achieve specific goals identified.

2. Action Required:
Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

Please state the actions you have taken or are planning to take:
Goals have now been included in all personal care plans, actions are identified to support residents achieve specific goals.

The implementation of these actions will be monitored by each resident’s key worker.

Proposed Timescale: 31/10/2017

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A behaviour support plan was not in place for a resident identified to require same.

3. 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:
Staff training is planned for the 27/11/17 with the Behavioural Therapist to support staff in managing behaviours that challenge.

A behavioural support plan will be developed following this by the 1/12/17

**Proposed Timescale: 01/12/2017**

### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

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

An annual review of the quality and safety of care and support for 2016 had not been undertaken in line with regulatory requirements.

**4. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure 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.

**Please state the actions you have taken or are planning to take:**

The organisation has now put systems in place to ensure that on annual basis an annual review of the quality and safety of care and support provided in the centre is completed.

This process will be monitored on a quarterly basis by the Quality and Governance Department

**Proposed Timescale: 06/11/2017**

### Outcome 17: Workforce

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Training regarding the management of challenging behaviour was required by some staff members.

**5. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**

Two staff members that require training on the management of challenging behaviour
will complete this training before year end.

**Proposed Timescale:** 31/12/2017

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff in the centre were not receiving supervision in line with the frequency stated in the providers policy and a number of staff had not received supervision for an extended period.

**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:**
Staff supervision has commenced facilitated by the manager and team leader as per organisational policy. Going forward the PIC will ensure that each staff member receives supervision on a 6 weekly basis.

**Proposed Timescale:** 31/10/2017