

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002663
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Rachael Thurlby
Lead inspector:	Mary O'Mahony
Support inspector(s):	none
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 October 2015 09:30	07 October 2015 18:00
08 October 2015 09:15	08 October 2015 17:30

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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The Registration inspection of this respite centre by the Health Information and Quality Authority (HIQA or the Authority) took place over two days. This respite service was located in a quiet rural area within walking distance from the nearby town. It provided a three night (Monday to Thursday or Tuesday to Friday) respite service to male and female residents with a physical and/or sensory disability, living in the local catchment area. The service was provided within two connecting bungalows which had recently been renovated.

The large bungalow type house consisted of six bedrooms for residents and two

bedrooms for staff sleeping over at night. There was a small office next to each staff bedroom and bathroom area. Residents shower and toilet areas were located in between each two bedrooms and were shared between two residents. Each bedroom had an external door that allowed people to go outside onto a personal paved area. The kitchen was accessible to residents and had an adjustable work top for various heights. There was a communal lounge area and dining area. There was a patio area at the front and rear of the house with garden furniture. The building was a no smoking area, however there was a designated outdoor smoking area for residents who wished to avail of this. The gardens well nicely planted with flowers and shrubs and the lawns were well tended.

Four of the bedrooms were equipped with an over head tracking hoist. In addition, portable shower chairs and pressure relieving mattresses were also available, if required, for residents' use. Residents also brought their own assistive devices from home.

During the inspection, the inspector spoke with the provider, the person in charge, staff members and residents. The inspector reviewed documentation such as personal plans, staff files, policies, medical notes, audits and health and safety documents. All residents expressed satisfaction with the care in the centre and said that their needs were met by staff. Each person spoken with stated that they wished that there were more respite days available to them, as they could only avail of the service five times in the year at present, for three days at each stay.

The action plan at the end of the report identified areas where improvements were required to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities 2013. Some improvements were required in the area of health and safety risk assessments, healthcare needs, premises, notifications, and policy updates.

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):

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

Findings:

Minutes of residents' meetings were reviewed by the inspector. These meetings were seen to inform practice and the minutes demonstrated that residents were consulted with, and participated in, the running of the centre. Residents informed the inspector that they felt safe in the centre. Residents spoke with the inspector about being consulted with in relation to renovations in the centre.

Residents were supported to manage their own finances and their property was adequately protected. The person in charge informed the inspector that residents were supported to exercise civil, political and religious rights, in accordance with their preferences. As residents attended the centre on a respite basis the person in charge described the process of ensuring that all bedrooms were cleaned and changed in preparation for the next group of residents. All residents stated that they wished that more respite days were available to them as they found the centre very supportive of their needs.

A complaints policy was in place to protect residents and related procedures were displayed prominently in the centre. Residents had additional access to the complaints policy within the Resident's Guide and via an easy-read version of the policy. A complaints officer had been appointed and there was an appeals system in place. Advocacy services had been made available to residents. There was a 'suggestions box' available for residents' use in the hallway.

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):

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

Findings:

There was a policy on communication with residents. Staff were aware of the different communication needs of residents and practices were in place to meet these needs. These practices were reflected in care plans and where assistive communication technology was needed these had been made available to promote the residents' full capabilities. Residents were seen by the inspectors to use their i-pads and mobile phones to contact their family members and to arrange their medical appointments.

Documentation, such as the Resident's Guide and complaints policy had been made available to residents in an accessible format. In addition, residents informed the inspector that they were asked to fill out an 'end of stay' form after each visit and the person in charge always followed up with a phone call when they had been at home for a couple of days. Documentation was maintained in the centre confirming this practice. The results of these forms were collated and improvements made where necessary.

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):

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

Findings:

Residents were supported to develop and maintain personal relationships and families were encouraged to be involved in the lives of residents. Where residents wished, their representatives were involved in their care planning and discussions around the

resident's well-being while in the centre. Documentation supporting this was seen by the inspector.

Visits were unrestricted and residents stated that some visitors would arrive late in the evening due to work commitments. Staff facilitated these visits.

Residents' links with the wider community were supported and involvement in community activities was seen to be encouraged. The range of particular activities engaged in included dining out, attending art class locally, attending the day service, entertainment events and sporting events. Staff and residents informed the inspectors that these outings were chosen by residents and the inspector was informed that they were all going for a meal in the local hotel following the inspection. The person in charge stated that particular hotels were accessible for people with disabilities and they had a discount scheme in place for residents. Residents stated that the local community was very supportive.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

Admission practices at the centre reflected those set out in the centre's statement of purpose. Each resident had agreed a written contract which outlined the support, care and welfare of the resident. These included details of the services provided for individual residents and the fees to be charged.

There was a policy on admissions in the centre, however, this policy did not address the arrangements in place to support a resident experiencing peer abuse, as required by the Regulations. In addition, the centre had no discharge policy in place. This was addressed under Outcome 18: Records and documentation.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The person in charge informed the inspector that the health, personal and social care and support needs of each resident were assessed prior to their initial admission. Records reviewed indicated that these assessments had multidisciplinary input.

Personal plans were kept under review annually and more frequently where required. There was evidence that updates were undertaken on each admission. Residents' participation in planning their goals for each visit was recorded. Documentation was seen by the inspector which indicated that residents' representatives were involved in reviews. Personal plans reviewed by the inspector included the names of those responsible for supporting residents to achieve their goals, within agreed timescales. Residents discussed their goal achievements with the inspector and were familiar with their personal plans.

Personal plans indicated that residents were actively engaged in education and activities that were meaningful and appropriate to their interests and preferences. These included attending day services, as well as gaining employment experience, attendance at social events, life skills training, participation in community outings and travel. For example, during the inspection, residents were facilitated to visit local towns, art exhibitions, as well as, libraries and medical appointments. Staff and residents also outlined the arrangements for activities and relaxation within the house, such TV and DVD relaxation time, art and crafts, baking, computer games, boccia (a ball game similar to boules) and listening to music. Residents spoke with the inspector regarding how they had been supported to personalise their bedroom when they attend the centre. As residents' visits to the respite centre were infrequent residents did not leave personal belongings in the centre. However, the person in charge informed the inspector that bedrooms would be realigned for each resident according to their needs and the compatibility of residents was considered for those residents who would be required to share a bathroom.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The premises consisted of a large bungalow type residence. This had previously consisted of two separate bungalows which were now joined by a corridor link area which incorporated a dining space and a laundry room. There were currently three residents accessing the centre and the person in charge stated that they had funding in place for four residents. The inspector found that the premises were suitable for the needs of these residents. The layout and design of the house allowed for suitable storage facilities, including space for residents' personal possessions if required. However, the design and layout of the premises had limitations if a larger number of residents were to require respite: the person in charge stated that the centre was seeking funding for a total of six residents. For example, the front door opened into a hallway which had open plan access to the living room for residents. Each bedroom was located in a circular arrangement off this living room. Therefore, if a resident wished to access the kitchen from the bedroom he/she would have to pass through the living room shared by residents from adjoining bedrooms. In addition, as the staff office, staff bedroom and staff bathroom were also located off this circular living room, privacy for both staff and residents was limited during the day. Furthermore, laundry and care needs equipment would need to be moved in and out of bedrooms through the living room area. In addition, visitors to the centre would have full view of all residents in the living room and of the bedroom doors of other residents from the front hallway.

The new design had incorporated a dining room into the bright and spacious link corridor which led to the second house. As there were no residents presently residing on this side of the building, current residents had use of the living room in that area, for TV and DVD viewing, quiet time or private visits. There was a laundry room in the new link section of the building also, which was well equipped following the advice of an infection control nurse. As described previously each resident had patio door access to the external patios and garden areas from their bedrooms.

The premises was suitably ventilated, well lit and adequately heated. Records seen by inspectors indicated that the heating system was serviced regularly. The premises was clean and records showed that it was well maintained with attentive and responsive maintenance personnel.

The centre had applied for registration for six residents. However, the inspector formed

the view that each house did not have adequate private and communal space for this number of residents within the current design and layout of the premises. This issue was discussed with the person in charge following the inspection.

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):

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

Findings:

The inspector found that there were appropriate risk management procedures in the centre. For example, the health and safety statement was up to date since September 2015 and an audit of health and safety had been carried out in 30 October 2015. An emergency plan was in place and staff had signed as having read this. Risk assessments were updated in the risk register and risks involving residents were seen to be followed up in the residents' personal plans. For example, a resident who had a choking episode had been referred to the speech and language therapist. Staff were knowledgeable of infection control procedures and food hygiene training had been provided to staff. Hand hygiene training records were seen and this had been last undertaken on 4 September 2015. There was a colour coded system in place for food preparation, for cleaning and for laundry segregation. However, the risk management policy did not fulfil the requirements of Regulation 26 (1) (c).

Adequate fire equipment was available within the centre, including emergency lighting, fire extinguishers, fire blankets and evacuation procedures. Fire drills had taken place. According to documentation reviewed by the inspector actions which were highlighted as a result of each fire drill were attended to. The procedure to be followed in the event of a fire was appropriately displayed. Staff had attended fire training and were knowledgeable about fire evacuation procedures when spoken with by the inspector. However, there were a number of risks which had not been assessed. For example, large windows with unrestricted openings and shared bathrooms had not been risk assessed for maintaining residents' privacy and dignity, particularly as the locking system was inadequate and personal items in these bathrooms were not marked with residents' names.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The person in charge informed the inspector that she was involved in the management of the centre on a daily basis. Residents said they felt safe in the centre and this was attributed to the fact that they knew members of staff for a long period of time. Inspectors observed that staff and residents were familiar and friendly with each other. Staff had been afforded training in positive behaviour support and behaviours which challenge.

There was a policy on the management of allegations of abuse. A copy of the latest health services executive (HSE) policy on 'Safeguarding Vulnerable Persons at Risk of Abuse' 2014 was available in the centre. Training records indicated that the staff had received training on the prevention and detection of abuse. Staff, spoken with by the inspector, were knowledgeable of what constituted abuse and were aware of the reporting responsibility in the event of witnessing any abusive interactions. There was a policy on the prevention and use of restrictive interventions which outlined measures to promote a restraint free environment. Residents in the centre availed of bedrail and lap belt restraints. However, the use of bedrail and lap belt restraints had not been notified to the Authority as required by Regulations. In addition, suitable records, required by the Regulations, had not been maintained for this practice. Furthermore, an incident of inappropriate verbal interaction between a staff member and a resident, which had been resolved, had not been notified to the Authority. These were addressed under Outcome 9: Notifications.

There was a policy in place for the management of residents' finances. Residents managed their finances independently and receipts were retained from shopping events and outings.

The person in charge explained to the inspector that residents had been made aware of protection issues and of the policy on the safeguarding of vulnerable adults. Residents spoke with the inspector and indicated that they found the information very helpful in their daily lives.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

There was a record of all incidents and accidents maintained in the centre.

Notifications generally were made to the Authority in line with Regulations. However, inspectors noted that an incident of an inappropriate verbal interaction by a staff member with a resident had not been notified to the Authority. In addition, the use of bedrails and of lap belts had not been notified to the Authority, on a quarterly basis, as required by the Regulations. This was discussed with the person in charge and the notifications were sent in to the Authority, retrospectively.

Judgment:

Non Compliant - Major

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

A review of personal care plans indicated to the inspector that residents had the opportunity to set goals that matched their individual needs within the respite setting. Care plans indicated how these goals would be met, and the inspector found that these plans informed practice. Residents were afforded opportunities for new experiences, social participation, training and education, as well as access to medical assessments and communication technology where needed. Residents with whom inspectors spoke

confirmed that they were supported by the centre and the inspector observed staff organising social outings during the inspection. There was also continuity of welfare and development with evidence in the personal plans of appropriate reviews and updates between respite stays. However, the inspector noted that there was no policy on access to education, training and development in the centre, as required by Regulations. This was addressed under Outcome 18: Records and Documentation.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

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

Findings:

Residents had access to general practitioner (GP) services and appropriate therapies, such as dentist, psychologist, dietician, occupational therapist, psychiatrist and speech and language therapist. Residents were enabled to independently visit their GP and access their pharmacist. Regular multidisciplinary input was evident in residents' personal plans.

The inspector saw signed agreements which residents had drawn up for various aspects of their care. A number of residents had documented their advanced care wishes. The inspector was informed by the person in charge that these were revisited at the yearly review meetings. Residents confirmed with the inspector that they were consulted. The inspector spoke with all residents in the centre during the inspection and they outlined how they were supported by staff in the centre. They explained the re admission process and stated that at the beginning of each respite visit there was a review meeting to record any changes in their medication or medical condition.

The inspector noted that residents had access to refreshments and snacks with a selection of fresh fruit and home baked bread available. Residents, spoken with by the inspector, indicated that they were encouraged to buy fruit and vegetables when planning meals. The inspector observed that staff encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. This was supported by information in the personal plans viewed by the inspector. The person in charge and staff members spoken with by the inspector gave relevant information about each resident's medical and social needs. It was evident to the inspector from conversations with staff and residents that residents were afforded opportunities to participate in activities as discussed under Outcome 5; Social care

needs.

The privacy, dignity and confidentiality of residents were safeguarded as information and documentation, relating to residents, was stored in the staff office. Residents were able to access their individualised personal plans and understood that their personal information and their confidentiality would be respected by the Authority.

Intimate care plans were seen to be in place for residents. Staff members had signed when they had read all relevant individual plans for residents' care. The inspector observed that each resident had individual risk assessments in their file for example for, smoking, falls, manual handling needs, bedrail use and the use of wheelchairs and hoists. Consents were signed where necessary. A daily narrative note was maintained by staff and on each admission staff filled out a 'body map' indicating if residents had any bruising or other skin condition present. There was a key worker arrangement in place which residents indicated, to the inspector, gave them a feeling of security when attending the service, as staff were familiar with their individual needs.

On each admission a 'person centred request' form was filled in with the support of staff. This outlined residents' wishes for the admission. For example, one resident had requested to drive to a local town, to visit a religious site and go out for lunch. The inspector noted that all of these requests were fulfilled for the resident during the two days of inspection. Residents completed a 'summary of stay' form at the end of their respite admission. One resident commented 'keep up the good work'. The team leader had followed up with the resident by phone five days following the discharge and she had noted that the resident had 'no concerns'.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector found that residents were supported in accessing a pharmacy of their choice. The centre maintained all medication records as required.

A policy on the management of medications was available in the centre and staff had signed as having read the policy. However, this policy was generic rather than being specific to this centre. This was addressed under Outcome 18 Records and

Documentation.

The centre was seen to encourage and support residents to self administer medication. Residents were self administering their medications at the time of the inspection. Each resident had an individual secure medication locker in their bedroom. Medication errors were recorded and learning from incidents was promoted through discussions at staff meetings. Documentation confirming these discussions was seen by the inspector.

One resident attended the Warfarin clinic in the local hospital and was supported to be self caring in managing his medication and maintaining the documentation for this medication. However, there was no documentation available in the centre on the side effects of this medication, to guide staff. The person in charge informed the inspector that she would liaise with the pharmacist to provide guidance to staff on this medication.

Staff training records were reviewed. These indicated that staff had received medication management training and other appropriate relevant training, for example epilepsy awareness training and diabetes awareness training.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

A written statement of purpose was available in the centre which was dated as reviewed in July 2015. It accurately described the service that was provided and it contained all the information required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013. The person in charge was aware of the requirement to review this annually and to inform the Authority of any amendments.

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):

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

Findings:

The governance and management structure in place was reflective of the structure outlined in the statement of purpose.

The person in charge was employed on a full time basis and was engaged in the governance, operational management and administration of the centre. The person in charge was suitably qualified and demonstrated good leadership and organisational skills. She was knowledgeable of the residents' needs as well as her legal responsibilities under the Regulations. She was supported by a team leader who participated in the daily management of the centre. Regular management meetings were held to review the quality and safety of care provided within the centre. The person in charge attended staff meetings and minutes of these were reviewed by the inspector. Unannounced inspections were carried out by the regional manager. A yearly review of the quality and safety of care in the centre was undertaken, and supporting documentation was made available to residents, to family members and to the inspector.

Audits included reviews of health and safety management, residents' satisfaction, infection control and medication administration practices. Records made available to the inspector indicated that audits were reviewed, that staff were made aware of findings and that actions were taken where necessary.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider was aware of the requirement to inform the Authority if the person in charge was absent for a period of 28 days, or longer. There was a suitably qualified person available to deputise in the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

Following the two days of inspection the centre appeared to be resourced to ensure the delivery of a service that supported residents to achieve the goals outlined in their individual care plans. The facilities and services in the centre reflected the statement of purpose.

There were assistive devices, transport means and adequate staffing levels in place during the inspection.

The person in charge stated however, that she was seeking resources for two extra respite beds in the centre. Issues impacting on this plan were addressed under Outcome 12: Premises.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

During the two days of inspection, the inspector observed that the number and skill mix of staff on duty was appropriate to meet the needs of residents. A review of the staff rota indicated that sufficient staff were rostered to work during the three respite days. Residents confirmed that there were enough staff on duty to meet their needs and that the night staff were attentive also. Questionnaires received from relatives stated that there were sufficient staff working in the centre and that relatives were familiar with them. Staff were knowledgeable of residents' needs, of the centres' policies and of Regulations and Standards for the sector.

Records indicated that staff had access to appropriate training for their role. This included; fire safety training, manual handling, safeguarding vulnerable adults, non-violent crisis intervention, safe administration of medication, food hygiene and first aid training. Further training undertaken by some members of staff included epilepsy awareness and documentation training. Management staff regularly reviewed training records to ensure staff had received all mandatory training and that refresher training was delivered when necessary. The inspector viewed the training matrix and training was seen to be delivered on a regular basis.

A sample of staff files was seen by the inspector. Documentation required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013 was maintained. The files confirmed that staff had appropriate supervision and appraisals.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Records were maintained within the centre in a manner that was both secure and easily retrievable.

The inspector reviewed the insurance policy for the centre. A review of documentation in respect of each resident was undertaken. The directory of residents included the required elements as set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013.

The inspector found that documentation was maintained in the centre to meet the requirements of Schedule 4 of the Regulations.

The inspector viewed the policies available in the centre. However, these did not comply with the requirements of Schedule 5 of the Regulations. For example, there was no policy available on access to education, training and development or on discharges from the centre. In addition, most policies available were found to be generic rather than centre specific. For example, the missing persons' policy was generic and was out of date since 2010. However, the person in charge showed the inspector the local written procedure, dated 2015, which was in place in the event that this occurred. Furthermore, the policy on behavioural support had not been renewed since 2010. The regulatory requirement for three yearly review of the policies required to be maintained under Schedule 5 of the Regulations, had not been met, for all policies.

Judgment:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002663
Date of Inspection:	07 October 2015 and 08 October 2015
Date of response:	04 December 2015

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:

The registered provider had failed to ensure that the admission policy took account of the need to protect residents from abuse by their peers.

1. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

practices take account of the need to protect residents from abuse by their peers.

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

Local admission policy updated on the day and provided to the inspector to reflect arrangements in place to support a resident who maybe experiencing peer abuse. Risk assessment in place

Proposed Timescale: 08/11/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The registered provider had failed to ensure that the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) were met:

For example.

As the centre had applied for registration to accommodate six residents there was not adequate private and communal accommodation including adequate social, recreational, dining and private accommodation in the current configuration.

2. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

In order to provide safe and suitable premises for six people the building will be reconfigured to incorporate two separate rooms (one in each bungalow) which can be used for visitors or as private accommodation. To further enhance privacy, it is proposed that a frosted screen will be erected. This will facilitate a separate area for dining or recreational activities as required.

Dignity, privacy and respect is central to all practice and underpinned by staff training, personal choice, admission procedures, personal care policies and procedures as well as person centred policies and ethos.

Proposed Timescale: 01/03/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Not all risks in the centre had been assessed. For example: large windows with unrestricted openings and residents privacy and dignity requirements where relevant.

3. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Risk assessment in place for large windows with unrestricted opening while awaiting restricted opening to be put in place.

Risk assessment will be put in place to ensure residents privacy and dignity when using shared bathrooms

Proposed Timescale: 30/11/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

This risk management policy did not include the controls in place to manage the unexplained absence of a resident.

4. Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

Risk management policy updated on the day and provided to the inspector

Proposed Timescale: 08/10/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy did not include the measures and actions in place to control accidental injury to residents, visitors or staff.

5. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Risk management policy updated on the day and provided to the inspector

Proposed Timescale: 08/10/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control aggression and violence.

6. Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

Risk management policy updated on the day and provided to the inspector

Proposed Timescale: 08/10/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control self-harm.

7. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Risk management policy updated on the day and provided to the inspector

Proposed Timescale: 08/10/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

An incident of an inappropriate verbal interaction by a staff member with a resident, had not been notified to the Authority.

8. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation,

suspected or confirmed, abuse of any resident.

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

The interaction referred to was a verbal response from a staff member to a service user, which the service user was not happy with and made an informal complaint. This was addressed with the staff member through supervision and to the complete satisfaction of the client. Whilst the incident was resolved appropriately by us and acknowledged by the Inspector, it is acknowledged that in future any minor issue between a staff member and service user should be reported to the Authority under Regulation 31(1) (f). As such this will now be adhered to. This notification was sent retrospectively immediately after the inspection.

Proposed Timescale: 13/10/2015

Theme: Safe Services

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

The use of bedrails and of lap belts had not been notified to the Authority, on a quarterly basis, as required by the Regulations.

9. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

Notification sent to HIQA retrospectively and will be sent quarterly as appropriate

Proposed Timescale: 13/10/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Information on the administration of Warfarin and on the side effects, precautions and interactions of other medicines with this medication, was not available to staff in the centre.

10. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Risk assessment in place

Pharmacist to provide information session to staff team

Guidelines on the safe administration of Warfarin will be put in place

Proposed Timescale: 30/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

All the policies required under Schedule 5 of the Regulations had not been maintained in the centre.

11. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Group policy on Discharge or Exit of service was in place at time of inspection.

Local guidelines are in place

Accessing Education and Training local guidelines are in place

RehabCare policy on Accessing Education and Training to follow and be implemented in service

Proposed Timescale: 31/12/2015

Theme: Use of Information

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

The registered provider failed to review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector required and, where necessary, review and update them in accordance with best practice.

12. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Policies are currently under internal review and reviewed policies will be implemented in the service once issued.

Proposed Timescale: 31/12/2015