Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Highfield House
Name of provider:	RehabCare
Address of centre:	Longford
Type of inspection:	Announced
Date of inspection:	13 November 2018
Centre ID:	OSV-0002669
Fieldwork ID:	MON-0021719

About the designated centre

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

Highfield House is a centre run by RehabCare. The centre is located close to a town in Co. Longford and comprises of one two-storey dwelling. The centre provides residential and respite care for up to five male and female adults who have an intellectual disability and other health care needs.
Residents have access to their own bedroom, communal areas and a secure garden area. Staff are on duty both day and night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
13 November 2018	09:05hrs to 16:55hrs	Anne Marie Byrne	Lead

Views of people who use the service

The inspector met with five of the residents who avail of this service and three of these residents engaged with the inspector, with one resident speaking directly with the inspector about what she does in the service. The inspector met with the person in charge and staff as part of this inspection, who spoke confidently with the inspector about the care and support residents receive in areas such as health care, safeguarding, behaviour support and social care.

Residents were present in the centre for the early part of this inspection, where the inspector observed staff to communicate and interact with residents in a respectful manner and residents appeared comfortable in accessing all areas of the centre.

Capacity and capability

The inspector found that there were gaps in the governance and oversight arrangements in this centre, which meant that the provider did not have adequate arrangements in place to monitor the service and ensure action was being taken to resolve areas of improvement identified during the annual review and as a result of learning from fire drills in the service.

The person in charge had the overall responsibility for this centre and she was supported by a person participating in management in the management of this centre. She was also supported by two team leaders who worked in the centre to support in the oversight of care delivery to residents. The person in charge was found to the have the qualifications and experience required to meet the requirements of the regulations and she had the opportunity to visit this centre each week to meet with staff and residents. She had responsibility for other services operated by the registered provider and the current governance and management arrangements gave her the capacity to fulfil her duties as person in charge of this centre.

Staffing arrangements ensured the number and skill-mix of staff met the assessed needs of residents. Where residents required a specific level of staff support, the provider had made arrangements to ensure this was available to residents. Staff who spoke with the inspector were found to be very knowledgeable of residents' needs in areas such as behaviour support, heath care, risk management and safeguarding. Staff received regular supervision from their line manager and training arrangements ensured they had access to mandatory and refresher training programmes.

Staff meetings were occurring in the centre on a regular basis which provided staff with an opportunity to raise concerns regarding the safety and welfare of residents. The person in charge also met with team leaders on a weekly basis to discuss other areas relevant to service delivery. The annual review and the six monthly provider-led visits were occurring in line with the requirements of the regulations, however; the inspector observed that a time-bound plan was not in place to address actions arising from the annual review. This meant that there was no system in place to review the progress made towards achieving the actions identified in the annual review. Gaps were also identified in the provider's oversight and monitoring arrangements for the safe and effective evacuation of residents from the centre. The inspector found that although the provider had put some measures in place in response to risks identified from fire drills, these risk were not escalated to senior management to ensure the effectiveness of these measures were subject to regular review.

There was a statement of purpose for the centre and although it was reviewed on a regular basis, it was found not to detail all information as set out in Schedule 1 of the regulations.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the registered provider applied to renew the registration of this centre. This application was reviewed by the inspector and found the floor plans submitted did not accurately describe the function and size of each room in this centre.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge was found have the qualifications and experience required to meet the requirements of regulation 14. She had responsibility for other centres operated by the provider and had the capacity to fulfill her duties as person in charge of this centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff working in this centre was found to meet the assessed needs of residents. Staff were found to be knowledgeable of residents'

needs and of their responsibilities in supporting the residents who availed of this centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to regular training and arrangements and received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was adequately resourced to meet the assessed needs of residents. However, some improvements were required to:

- the plans and systems in place to review the progress made towards addressing areas of non-compliance as identified in the centre's annual review

- the monitoring of the service to ensure that risks identified to the safety and welfare of residents were escalated to and reviewed by those involved in the management of this service.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place and this was regularly reviewed. However, it was found not to contain all information as set out in Schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector found the person in charge has reported all incidents to the Chief

Inspector as required by the regulations.

Judgment: Compliant

Quality and safety

Since the last inspection, the provider had made improvements to the overall premises. However, failings continued to be identified in areas such as risk management, fire safety and health care.

The centre comprised of one two-storey dwelling which provided residents with their own bedroom, some en-suites, communal areas and residents had access to a secure garden area. The provider had completed required maintenance works since the last inspection and the centre was now found to be in a good state of repair. Overall, the inspector found the centre provided residents with a clean, comfortable and homely environment to live in.

An assessment of residents' health, personal and social care was completed with all residents and these assessments were reviewed on a minimum annual basis. Staff spoke confidently with the inspector about the care and support they were required to give residents with specific health care needs. However, improvements were required to the personal plans in place to support residents with specific neurological health care needs.

Effective behaviour support systems ensured that residents with behaviours that challenge received the care and support they required. Staff had the support of a behaviour support specialist in the review and management of specific behaviours and staff who spoke with the inspector were found to be knowledgeable of how they were required to support these residents. Safeguarding arrangements ensured that residents were safeguarded from abuse and the provider ensured systems were in place to support staff to identify and report any concerns they had regarding the safety and welfare of residents. There were some safeguarding plans in place at the time of this inspection and staff were very aware the safeguarding concerns and of their responsibility to safeguard residents. There were a number of restrictive practices in place at the time of this inspection and these were subject to regular review. Although staff were aware of all restrictive practices in place, the inspector observed not all restraints were being applied in line with the protocols in place.

Social care arrangements ensured residents were supported to participate in activities of interest to them and they had the staff support and transport arrangements available to them that they required to take part in these activities. Residents were supported to attend day care services during the day, as they wished, and staff were allocated each evening to support residents to participate in activities of their choice. Residents were also facilitated to have regular overnight stays at home with their families.

The provider had fire precautions in place, including, adequate emergency lighting arrangements, clear fire exits, regular maintenance of fire equipment and effective fire detection and containment systems. Although staff had received up-to-date training in fire safety, the fire procedure required to review to ensure it adequately guided staff on how to respond to fire in the centre. Regular fire drills were occurring in the centre; however, records from the last two fire drills conducted demonstrated that where minimum staffing levels were in place, the provider could not effectively evacuate all residents from the centre in a timely manner. An immediate action was given to the provider on the day of this inspection to address this and prior to the close of the inspection, the provider put additional night time staffing arrangements in place to support the safe and timely evacuation of residents from the centre in event of a fire.

Residents' specific risks were assessed, managed and reviewed on a regular basis and staff spoke confidently with the inspector about the specific control measures the provider had in place to support residents with specific risks in areas such as absconsion. A risk register was in place for the oversight of organisational specific risks; however, the fire risk assessment in place had not been reviewed or escalated following the outcome of recent fire drills, did not consider the impact had on the safe evacuation of residents from the centre, identify or review the effectiveness of any measures put in place by the provider to mitigate against this risk.

Regulation 13: General welfare and development

Residents enjoyed a variety of activities suited to their interests and capacities and were supported by staff to do so. Systems were also in place where residents wished to have employment or avail of educational opportunities.

Judgment: Compliant

Regulation 17: Premises

Since the last inspection, the registered provider ensured maintenance works required were completed. The centre was found to provide residents with their own bedroom, spacious communal areas and they could also access a secure garden area. The centre was found to be clean and provided resident with a homely environment to live in.

Judgment: Compliant

Regulation 26: Risk management procedures

Although a system was in place for the assessment, management and review of risks in this centre, improvements were required to:

- the re-assessment and response to risk where additional hazards are identified which impact the safety and welfare of residents

- the fire risk assessment to ensure it considered the impact and response to the outcome recent fire drills

Judgment: Not compliant

Regulation 28: Fire precautions

Although the provider had fire precautions in place, there were improvements required to:

- the actions taken by the registered provider in response to the outcome of recent fire drills

- the displayed fire procedure to ensure it adequately guided staff on how to respond to fire in the centre.

- updating of residents' personal evacuation plans to ensure these included the evacuation of residents residing in upstairs accommodation

Judgment: Not compliant

Regulation 6: Health care

The person in charge had ensured that residents received support where they had accessed health care needs. However, improvements were required some personal plans in place to ensure they adequately guided staff on the specific supports that these residents required.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Systems were in place to ensure residents with behaviours that challenge, received regular support and review. Improvements were required to review of restrictive

practices as the inspector observed not all chemical restraints were being applied in line with the protocols in place.

Judgment: Not compliant

Regulation 8: Protection

There were some safeguarding plans in place at the time of this inspection and staff were very aware the safeguarding concerns and of their responsibility to safeguard residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Highfield House OSV-0002669

Inspection ID: MON-0021719

Date of inspection: 13/11/2018

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Background The Statement of Purpose and function for each designated centre outlines the purpose of the service, supports provided, staffing arrangements and all other matters as outlined in the Regulations. Statements of Purpose are frequently reviewed to ensure content is accurate and service delivery is in line with that specified in the statement of purpose. Action 1. SOP has been updated to include additional detail to fully meet the requirements of the regulations. This was completed on 03/12/2018. 2. An architect has been engaged to re-draw the floor plans as per the requirements of the regulations. This was completed on 03/12/2018.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Background There is an operational line management structure in place to oversee the management	

of the service, this structure supports service delivery from local level to national level across the organization. The organization is committed to ongoing oversight completing unannounced visits every six months and conducting an annual review of the service. The Quality and Governance Directorate with subject matter experts are actively supporting the service on an ongoing basis in terms of risk management, medication, safeguarding, regulations etc.

Actions

1. The annual review has been updated to ensure actual actions were identified, ensuring it detailed who is responsible and within what time frame. Completed 03/12/2018
2. On 27/11/2018 the PIC and PPIM advised the staff team of the organisations risk escalation process with a view to ensuring all staff are aware of risk management governance.
3. The risk escalation form was completed and emailed to senior operational management, the behaviour therapist and health and safety team on the 13/11/2018. A subsequent meeting was held on the 20/11/2018 with the Health and Safety department, PIC and Behaviour Therapist to discuss the concerns/risks and establish an action plan. A further meeting to review the plan took place on 06/12/2018 to review progress and make further recommendations.
4. On a monthly basis the Senior Quality and Practice Officer from the Quality and Governance Directorate will reviews all actions arising from this action plan with the PIC, reporting progress on a Monthly basis to the organisation's Senior Leadership Team/ CEO and The Board. On a Quarterly basis a Quality and Safety sub-committee of the board will have ongoing oversight of action plan progress until all of the non-compliances identifies during this inspection have been addressed.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
Background
The Statement of Purpose and function for each designated centre outlines the purpose of the service, supports provided, staffing arrangements and all other matters as outlined in the Regulations. Statements of Purpose are frequently reviewed to ensure content is accurate and service delivery is in line with that specified in the statement of purpose.

Action

1. SOP has been updated to include additional detail to fully meet the requirements of the regulations. This was completed on 03/12/2018.
2. An architect has been engaged to re-draw the floor plans as per the requirements of the regulations. This was completed on 03/12/2018.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Background
RehabCare operate a robust risk management system. Processes are in place for the identification, assessment and review of risk to ensure adequate control measures are in place to manage all risks. Risk management practices aim to protect the safety and respect the rights of service users.

Actions
1. The risk escalation form was completed and emailed to senior operational management, the behaviour therapist and health and safety team on the 13/11/2018. A subsequent meeting was held on the 20/11/2018 with the Health and Safety department, PIC and Behaviour Therapist to discuss the concerns/risks and establish an action plan. A further meeting took place on 06/12/2018 to review progress and make further recommendations.
2. On 27/11/2018 the PIC and PPIM advised the staff team of the organisations risk escalation process with a view to ensuring all staff are aware of risk management governance.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Background
Within the service there are systems in place to ensure all fire equipment is serviced and in working order. Daily and weekly checks are completed to ensure exists are not obstructed etc. Each resident has an individual PEEP which identifies their support requirements in the event of a fire. A fire risk assessment is completed and regularly reviewed. Regular fire drills are facilitated to ensure there is adequate preparation in the event of a real fire.

Actions
1. A second staff member was rostered to work whilst undergoing the review of the risks identified. Effective from the 13/11/2018.
2. The risk escalation form was submitted to senior management, H&S and the behaviour therapist on the 13/11/2018.

3. An architect was on site to re-draw the house plans to add in the fire exists to the plans. 12/11/2018
4. On 20/11/2018 the PIC, Health and Safety Department and Behaviour Therapist met to discuss concerns in relation to evacuation times and devise a plan to ensure evacuation times are reduced to the recommended timelines in line with organisational policy. A further meeting took place on 06/12/2018 to review progress and make further recommendations where relevant.
5. PIC updated the individualized PEEPS for service users, these have also been reviewed by the organisation's Health and Manager. This was completed 06/12/2018
6. Evacuation plans have been developed specifically for day and night evacuations. This was completed 14/11/2018.
7. Updated PEEPS and Evacuation plans were shared with the team for review and feedback. This was completed on 14/11/2018. A team meeting was held on the 27/11/2018 to review updated peeps and evacuation plans with the team, PIC and PPIM.
8. Fire drills were conducted on the 27/11/2018, 28/11/2018 and the 03/12/2018 using the updated peeps, motivators and evacuation plans. One staff member facilitated the evacuations, all completed under 3 minutes.
9. The Health and safety department are attending a fire safety seminar on the 04/12/2018. Information from this seminar will be used to guide practice in the service going forward.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Background
RehabCare is committed to ensuring that all residents receive the supports they require maintain their health and wellbeing. An annual screening of needs including health needs is completed to ensure needs are reviewed on a regular basis. As required residents are supported to access health care services in the community. Advice from health care professionals is used to inform the development of specific health care management plans.

Action
1. An 'easy to read' document will be put in situ to compliment the current epilepsy management plan. This will be completed 27/12/2018.

Regulation 7: Positive behavioural support	Not Compliant

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

Background

The organisation's Positive Behaviour Support and Restrictive Practices Policies guides staff practice when supporting Residents in this regard. Organisational policy requires that all staff must complete a 2-day MAPA Foundation course and an annual refresher thereafter throughout their employment with RehabCare. This training equips staff with the skills required to support Residents who experience behaviours that challenge.

Behaviour management plans are in place where necessary and staff are knowledgeable and competent in the implementation of these plans. These plans are periodically reviewed and monitored to ensure they are meeting the needs of the Resident.

All restrictive practices must be approved by a Restrictive Practice Committee and are monitored and reviewed to ensure they are in place for the shortest duration possible.

Actions

1. A review meeting was held with the prescribing psychiatrist for the one service user who was prescribed PRN on 27/11/2018. The PRN protocol will now be updated to reflect the secondary medication is no longer needed due to proactive positive behaviour supports. This will be completed by 27/12/2018.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	03/12/2018
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent	Not Compliant	Orange	06/12/2018

	and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	06/12/2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Red	13/11/2018
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	14/11/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	03/12/2018
Regulation 06(1)	The registered provider shall provide	Substantially Compliant	Yellow	27/12/2018

	appropriate health care for each resident, having regard to that resident's personal plan.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	27/12/2018