



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

Name of designated centre:	Knocklofty Residential
Name of provider:	RehabCare
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	23 October 2018
Centre ID:	OSV-0003637
Fieldwork ID:	MON-0024896

About the designated centre

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

Knocklofty Residential is a full-time residential service located in Co.Tipperary. The centre affords a service to eleven adults over the age of eighteen years with an intellectual disability and dual diagnosis. The service is operated in a 24 hour 7 day a week basis ensuring residents are supported by care staff relevant to their individual assessed needs. Supports afforded to residents is regularly reviewed and reflected within the individualised personal plans with an emphasis on promotion of independence and participation in meaningful activities. The premises consists of two large two story dwellings and two apartments which provides residents with a homely safe environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
23 October 2018	09:00hrs to 18:30hrs	Laura O'Sullivan	Lead

Views of people who use the service

The inspector had the opportunity to meet with a number of residents during the inspection. One resident chose not to speak with the inspector and this was respected. Overall, residents spoke highly of the service and the staff team affording supports. Two residents invited the inspector into their apartments and proudly showed their living environment. They explained that they were aware of who to call if they needed support and enjoyed living in the centre. They spoke of their upcoming trip to Dublin and their enjoyment of the social activities they participated in such as bingo and day trips.

Another resident showed the inspector around their bedroom and demonstrated an app staff had assisted them in buying to turn on their bedroom light to promote their independence. They also spoke about their favoured activities that they were supported to attend independently such as visiting a nail bar and participating in volunteer work.

Interactions through out the inspection were observed to be friendly and respectful in nature. Residents were observed engaging in a range of activities on return for their day service with staff chatting to all about how their day went.

Capacity and capability

Knocklofty Residential service presented as a person-centred service where through a clear governance structure residents were supported to achieve a good quality of life whilst maintaining their independence. The capacity and capability of the provider to deliver supports in a safe manner was evident throughout the inspection. Some improvements were required to ensure monitoring systems utilised were done so in a consistent manner ensuring consultation with the residents currently availing of the service to achieve compliance.

The registered provider had ensured the allocation of a clear governance structure to the designated centre with clear lines of accountability and responsibilities.

Residents spoken with were aware of this structure. The appointed person in charge reported directly to the person participating in management, whom reported to the regional manager and board of directors. There was evidence of regular communication within the governance structure to ensure that an oversight of service provision was maintained. This effective governance system was reflected in an overall good level of compliance.

The registered provider had appointed a competent person in charge to oversee

the effective operation of the centre. This individual possessed the necessary skills, knowledge and experience to fulfil their governance role. It was reflected throughout the inspection that they had sufficient knowledge of their regulatory requirements for example the submission of all notifiable events. The person in charge was supported in their role by two appointed team leaders.

At an organisational level the registered provider had ensured the implementation of monitoring systems to achieve a level of oversight of service provision. An annual review of service provision had been carried out in June 2017, with a schedule in place to ensure the implementation of the next review. This was found to be comprehensive in nature with a time bound improvement plan had been developed to ensure any identified issues were addressed. In conjunction to this review, six monthly unannounced visits were carried out by a delegated person. However, as part of the last visit, there was no evidence of consultation with residents to ensure residents feedback was received and acted upon as required to ensure the service provided was appropriate to their needs.

At centre level the person in charge had systems in place to ensure the centre was monitored. These included for example the completion of a daily shift planner. However, improvements were required to ensure that these systems were implemented in a consistent manner by all to ensure areas of non-compliance were identified and addressed in a timely manner for example to ensure the training needs of staff were identified and refresher training organised as required.

Improvements were required to ensure that the training needs of the workforce were regularly reviewed monitored and addressed to ensure the delivery of high quality, safe and effective service. A training matrix was in place, however not all staff members had received mandatory and refresher training. Not all staff had received training with specific supports needs to ensure that this support was afforded in a respectful manner. The person in charge had assured the inspector that pending staff receiving required training they would not carry out the relevant supports to ensure the safety of residents.

The registered provider had ensured that staffing levels allocated to the centre were adequate to meet the assessed needs of the residents. An actual and planned rota was in place which was adaptable to ensure residents were supported. A risk assessment had been completed with respect occasions where due to unforeseen circumstances staffing levels were reduced. Control measures were in place to ensure a consistency in supports to residents was afforded at all times.

The person in charge had ensured that staff received supervision which improved practice and accountability. The person in charge and delegated team leaders implemented formal supervisions with staff on a quarterly basis in line with local policy. Team meetings were utilised to discuss pertinent information and to promote the discussions of any issues or concerns arising. All staff members were encouraged to attend these meetings and review actions arising to promote a consistent approach to practice.

The registered provider had ensured the establishment and implementation of

effective systems to address and resolve issues/complaints raised by residents. Residents spoken with had a clear understanding of the complaints process and were supported and facilitated by staff to make a complaint if they wished. An organisational policy was in place which ensured staff members were presented with the required guidance on procedures to adhere to. Through review of the complaints log which was maintained by the person in charge and team leaders it was evident that complaints were addressed in a timely respectful manner ensuring the satisfaction of the complainant.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge for the centre. This individual possessed the required attributes and regulatory skills, knowledge and experience to fulfill their governance role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the necessary staffing numbers and skill mix was allocated to the centre to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that effective systems were in place for the supervision of staff.

However, not all staff had received required training in providing some specific supports which were required by residents to ensure the safety of residents and adherence to best practice.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had ensured a clear governance structure was in place.

Operational management systems were in place to ensure oversight of service provision including the implementation of annual review and six monthly unannounced inspections. Consultation with residents was not evident in the most recent visit carried out by a delegated person to the centre.

At centre level improvements were required to ensure that monitoring systems were implemented in a consistent manner to maintain oversight of service provision and to ensure issues were identified and acted upon in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing information as set out in Schedule 1. This document was reviewed as required.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured the submission of all notifiable events in accordance with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured that effective systems were in place for the receipt and management of complaints. An organisational policy was in place with clear guidance for residents, staff and families on the complaints procedure.

The person in charge maintained a complaints log which evidence complaints were being addressed in line with organisational policy.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of supports afforded to residents and overall a high level of compliance was found. Residents were consulted in the day to day operations of the centre and were supported to participate in enjoyable meaningful activities of their choice. Overall, residents' rights were promoted, with some improvements required in terminology utilised in documentation to ensure their dignity was respected at all times. This had been identified by the person in charge who was implementing measures to ensure that staff had sufficient knowledge to complete all documentation to a high standard ensuring the dignity and privacy of the individual was maintained.

The premises were located in a rural area of Co. Tipperary. Each unit within the centre was decorated in accordance with the individuals currently residing in the home. A number of animals were located on site and residents expressed their enjoyment of this and showed off the animals to the inspector. Overall, the property was well maintained. However, some maintenance was required in a number of bathrooms to promote accessibility for all and to ensure that all fixtures and fittings were in working order.

The person in charge had ensured the development of an individualised personal plan for each resident which was reviewed annually through the completion of an assessment of need. In conjunction to this annual assessment, in conjunction with the implementation of systematic key worker meetings, all supports including social and emotional were reviewed regularly. Although, individualised plans were comprehensive in nature and reflected clearly the holistic support needs of each resident, the contribution of members of the multi-disciplinary team such as the occupational therapist was not consistently present. The presence of this information would ensure that staff members possessed the sufficient knowledge and guidance to provide required supports in a consistent manner in accordance with recommendations.

Residents were facilitated and supported to participate in a range of meaningful recreational activities in accordance with their individual interests, capacities and needs. Residents spoke of the plethora of activities they participated in both within the centre such as tea parties in their friends' homes and within the local community. If residents chose to, they were supported to partake in volunteer work and work experience within the local community. Each resident attended a local day service with a number of residents partaking in training programmes such as cookery and computers as part of their individualised programme. The participation in these training programmes was not consistently reflected within the individuals' personal plan and evidence was not clear that training programmes were utilised to further enhance a person's independence and skills within the centre.

Personal goals were developed for each resident following consultation with the individual, reflective of their personal choice and interests. Actions required to support the resident were tailored to the individual support needs and clearly

documented. Some improvements were required to ensure the progression of goals was actively furthered and that goals did not become dormant. A number of goals which had been developed following implementation of a person centred meeting had not been followed through for a number of months and required review to ensure this was a goal that remained relevant to the individual and the rationale as to why it had not progressed.

The registered provider had effective systems in place to protect residents from abuse. An organisational policy was in place which gave clear guidance for staff should a concern arise. There was evidence that following an allegation of abuse effective measures were implemented with the relevant authorities informed as appropriate. There was also evidence of resident consultation with regard to safeguarding measures put in place. Where support was required for an individual in the area of personal and intimate care this was documented within the personal plan in a dignified comprehensive manner ensuring staff were aware of level of support required and how this support was provided maintaining the dignity of the individual.

Risk was managed well within the centre. The registered provider had ensured effective measures were in place for the identification, assessment and on going review of risk. An organisation policy was in place which provided staff with guidance in respect to protocols and procedures to adhere in the areas of risk management. The person in charge had ensured the development and maintenance of a risk register. This incorporated identified environmental risks and the current control measures to place to address the identified risk. Where an individualised risk had been identified this was addressed within the individuals personal plan.

The registered provider had effective systems in place for the detection and prevention of fire. Regular checks of fire safety systems such as emergency lighting, fire panels and fire doors were implemented in conjunction with servicing implemented by a certified professional. Regular evacuation drills were implemented incorporating a number of scenarios to ensure that both staff and residents were familiar with the safest routes and procedures to adhere to. Staff spoken with could clearly articulate the evacuation procedures utilised to safely evacuate residents in the event of an emergency. However, this was not always reflected within the individuals personal emergency evacuation plan and required review to ensure a consistent approach was executed. This was actively being addressed by the person in charge at the time of inspection.

Regulation 13: General welfare and development

Residents were supported to participate in a range of recreational activities in accordance with their individual interests, capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises was appropriate for the assessed needs of the residents currently residing within the centre.

A number of areas within the premises did require review to ensure they were in a good state of repair and accessible to all residents.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had ensured that effective systems were in place for the assessment, management and on-going review of risk.

An organisational risk management policy was in place which included guidance for staff in the area of risk management including the four specific risk as referred to in Schedule 5.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, through implementation of operational measures the registered provider had ensured effective systems were in place for the detection and prevention of fire.

Improvements were required to ensure that guidance for staff with respect to the evacuation of residents was consistent with procedures as set out in emergency evacuation drills. This was actively being addressed by the person in charge at the time of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured the development of an individualised plan for each resident which was reviewed annually through an assessment of need. The contribution of supports by members of the multi disciplinary team was not consistently present within the personal plan.

The individualised required review to ensure a reflection of all aspects of the persons daily life was incorporated for example participation in training programmes.

Where goals were developed these were done so in consultation with the individual and reflected their interests and choices. However, progression of goals was not consistently documented.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had effective systems in place to protect residents from abuse. An organisational policy was in place which gave clear guidance for staff should a concern arise.

Clear guidance was available to ensure the intimate care needs of residents was supported in a dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents rights were promoted with some improvements required in terminology utilised in documentation to ensure their dignity was respected at all times. This was actively being addressed by the person in charge.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Knocklofty Residential OSV-0003637

Inspection ID: MON-0024896

Date of inspection: 23/10/2018

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Background Staff training is planned and delivered to meet residents needs and also meet regulatory requirements.</p> <p>Action</p> <ul style="list-style-type: none"> • Staff not meeting training requirements on the day of the inspection have now completed the specific training required. This was completed by 14/01/2019. • Following Consultation with the training department all staff training records are up to date. A new training matrix has been developed and implemented within the service with the responsibility now resting within in the service for maintaining attendance records. This Matrix details completed, planned and expiry dates of all training. This was completed by 14/01/2019. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Background 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</p>	

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

Prior this inspection an Unannounced six monthly Internal audit was completed 16.10.2018, consultation with residents and their families was completed. However the report had not been received at the time of this inspection. This report is now available in the service. This was completed by 13/11/2018. Going forward all internal reviews will provide an opportunity for residents and families to provide feedback to the provider.

Monitoring Systems have been improved to show evidence of oversight and action taken by Team Leaders and PIC when issues are identified. This was completed by 31/12/2018.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
Background
 The organization is committed to ensuring that the designated centre is decorated and maintained to a high standard. Residents are encouraged and supported by staff to input into the decor their own home.

Actions
 Following the inspection, some of areas highlighted as requiring attention, have been completed. Replacements were fitted, modifications and remodeling completed where necessary. Outstanding work will be completed on or before 31/01/2019.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Background
 There is an annual screening of Resident needs, this informs the support plan which identifies their support needs and guides staff practice. The Resident is also supported to have ongoing action plans which enable them to pursue their goals. Based on the

ethos of person centred planning Support Plans and Action Plans are developed in consultation with the resident. Plans are reviewed on an ongoing basis to review their effectiveness and there is formal review at minimum on an annual basis. The review looks at the effectiveness of the plan over the previous 12 months and encourages the resident to identify goals for the coming year.

Action

All Individual Assessments and Support Plans are under currently being reviewed by management team and keyworkers. Updates to support plans will be completed on or before the 31/03/2019.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	14/01/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2019
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting	Substantially Compliant	Yellow	15/11/2018

	accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
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 and effectively monitored.	Substantially Compliant	Yellow	31/12/2018
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place	Substantially Compliant	Yellow	13/11/2018

	to address any concerns regarding the standard of care and support.			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	31/03/2019
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/03/2019