



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

Name of designated centre:	Monaghan Accommodation Service
Name of provider:	RehabCare
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	01 August 2018
Centre ID:	OSV-0005310
Fieldwork ID:	MON-0021503

About the designated centre

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

The service provided was as described in the provider's statement of purpose, dated June 2018. The centre comprised of a large two storey detached house with five bedrooms. It provided residential care for four residents, who each had their own bedroom and low support needs. There was a good sized kitchen come dining room and two separate sitting rooms. In addition, there was a newly established and renovated relaxation room located in a separated building to the rear of the centre. There was a nice sized back garden with seating area for the residents.

The following information outlines some additional data on this centre.

Current registration end date:	08/01/2019
Number of residents on the date of inspection:	4

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
01 August 2018	10:00hrs to 17:30hrs	Maureen Burns Rees	Lead
01 August 2018	10:00hrs to 17:30hrs	Erin Clarke	Support

Views of people who use the service

As part of the inspection, the inspectors met with the four residents living in the centre. These residents told the inspectors that they enjoyed living in the centre, spending time with staff and of the many activities they were each involved in within the local community. The inspectors observed warm interactions between the residents and the person in charge and the staff member caring for them on the day of inspection. Each of the residents had completed a HIQA questionnaire regarding the quality of the service. These detailed that the residents were satisfied with the service being provided.

The inspectors found that residents were enabled to communicate their needs, wishes and choices which supported and promoted residents to make decisions about their care. Residents were actively supported and encouraged to maintain connections with their families. A number of the residents had regular visits to their own family home and relatives visits in the centre. The inspectors did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support their loved ones were receiving.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to the resident's needs.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge had been manager in the centre for more than 10 years. In total she had more than 20 years management experience and was found to have a sound knowledge of the care and support requirements for each of the residents. She was in a full time post and was also responsible for two day services and an independent living service. At the time of the last inspection, it was identified that the person in charge had not had formal supervision with her manager for an extended period. On this inspection it was found that she had regular formal and informal contact with her manager. The person in charge reported that she felt supported in her role.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the integrated services manager who in turn reported to the regional operations manager. On-call arrangements were in place for staff. There was a service level agreement in place with the Health Service Executive (HSE) which was reviewed on

a yearly basis.

An annual review of the quality and safety of care in the centre had been undertaken. However, it did not reflect consultation with residents as per the requirements of the regulations. The provider had completed six monthly unannounced visits to assess the quality and safety of the service as required by the regulations. There was evidence that appropriate actions had been taken to address issues identified. The person in charge completed a monthly key performance report which was submitted to senior management. Items covered included person centred planning, staff supervision and health and safety audits.

There were effective recruitment and selection arrangements in place for staff. The inspector reviewed a sample of staff files and found that all of the documents as required by schedule 2 of the regulations were in place. The staff team were found to have the appropriate skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place. There had been a small number of changes to the staff team in the preceding period. However, it was found that regular relief staff were used to cover absences and that there were appropriate induction arrangements for new staff. This ensured some consistency of care for the residents.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place which was coordinated by the providers training department. Training records showed that staff were up-to-date with mandatory training requirements. There were no volunteers working in the centre at the time of inspection.

There were suitable staff supervision arrangements in place. At the time of the last inspection, it was found that staff were not receiving formal supervision in line with the frequency specified in the providers policy. Since that inspection, the providers supervision policy had been revised. On this inspection, the inspectors found that supervision undertaken was of a good quality and being undertaken at regular intervals and in line with the frequency proposed in the providers policy.

A directory of residents was maintained in the centre. However, it did not include some of the information specified in paragraph 3 of schedule 3 of the regulations. For example, the address for next of kin and general practitioners was not recorded, and the name and address of those who supported the admission was not recorded.

There were appropriate arrangements in place for the admission and discharge of residents to and from the centre. Each resident had a written agreement in place which outlined the services to be provided. However, the fees payable and all of the costs payable were not always clearly stated in the agreements.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The full complement of staff were in place and considered to have the required skills and competencies to meet the needs of the residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. Staff received appropriate supervision to support them to perform their duties to the best of their abilities.

Judgment: Compliant

Regulation 19: Directory of residents

The address for next of kin and general practitioners was not recorded, and the name and address of those who supported the admission was not recorded in the directory of residents as required by the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service. However, an annual review of the quality and safety of care in the centre undertaken did not reflect consultation with residents or their

representative as per the requirements of the regulations.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a written agreement in place which outlined the services to be provided. However, the fees payable and all of the costs payable were not always clearly stated in the agreements.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose, dated June 2018, that accurately and clearly described the services provided.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support which was of a good quality, safe, person centred and which promoted their rights.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The residents living in the centre required a low level of support and were independent in many of their activities of daily living. Personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social needs and choices. Personal plans in place were reviewed at regular intervals with the involvement of the resident and family representatives were appropriate.

The residents were each supported to engage in meaningful activities in the centre and within the community. Each of the residents attended a day service. Residents travelled independently to their day service and participated in activities that promoted community inclusion such as, swimming, the cinema, nature walks, special Olympics and a local social club. Individual weekly schedules were in place for residents.

The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. A medication management policy was in place. Assessments had been completed to assess the ability of individual residents to manage and administer their own medications. These assessments determined that each of the residents had the ability to be responsible for their own medications. There was a secure cupboard for the storage of all medicines in each of the resident's bedrooms. All staff had received appropriate training in the safe administration of medications. Individual medication management plans were in place. There were systems in place to review and monitor safe medication management practices which included regular counts of all medications and periodic audits of practices.

The centre was found to be suitable to meet the resident's individual and collective needs in a comfortable and homely way. The age range of some of the residents was broad but the residents each told the inspector how they enjoyed spending time with their peers and of the many activities they did together. It was considered that the needs of each of the residents was being met in the group living environment at the time of inspection. Each of the residents had their own bedrooms which had been personalised to their tastes and choices. This promoted the resident's independence, dignity and respect.

The residents had a nutritious, appetizing and a varied diet. Each of the residents purchased and prepared their own meals and snacks with minimal assistance of staff. The timing of meals and snacks throughout the day were planned to fit around the needs of the residents. A healthy eating programme was promoted in the centre and suitable information on this was available for residents in the centre.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. A 'living' risk register was maintained in the centre. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences. Overall, there were a low number of incidents in the centre.

Suitable precautions were in place against the risk of fire. At the time of the last inspection, it was identified that one of the residents had a hearing impairment but that a suitable alert measure in the event of fire at night was not in place. Since that inspection, a suitable alert device had been put in place for the resident. A fire risk assessment had been completed. There was documentary evidence that fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape. Each resident had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the resident. Fire drills involving residents had been undertaken at regular intervals.

Each of the residents had completed fire safety at home training.

Residents were provided with appropriate emotional support. The inspector found that the assessed needs of residents were being appropriately responded to. Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual residents.

Regulation 17: Premises

The centre was homely, accessible and promoted the privacy, dignity and safety of each resident. All areas were found to be well maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

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

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place to ensure the safe management and administration of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were being met.

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	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Monaghan Accommodation Service OSV-0005310

Inspection ID: MON-0021503

Date of inspection: 01/08/2018

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Directory of residents will be updated to include the addresses of the next of kin and general practitioners and also the name and addresses of those who supported admissions. Date to be completed 31/8/2018	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual review of the Quality & Safety of the Centre will, in future, include evidence of consultation with the residents and/or their representatives as per the Regulations.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The admissions contract will be amended to reflect clearer fees payable and costs payable to the resident. The contract will then be discussed and re-agreed with each resident. Date to be completed 30/9/2018	

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
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/08/2018
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/08/2018
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/09/2018