Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Monaghan Accommodation Service
Centre ID:	OSV-0005310
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
30 January 2018 10:00	30 January 2018 18:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
This was a seven outcome inspection carried out to monitor compliance with the regulations and standards. The centre was registered in January 2016.

How we gathered our evidence:
The inspector interviewed the person in charge and a social care worker. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

As part of the inspection, the inspector met with three of the four residents living in the centre. These residents told the inspector that they enjoyed living in the centre, spending time with the staff and of the many activities that they were involved in within the local community. The inspector observed warm interactions between the residents and the person in charge and one other staff member caring for them.

Description of the service:
The service provided was as described in the providers' statement of purpose, dated January 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 area and two separate sitting rooms. It had a nice sized back garden with seating area for

residents.

Overall Judgment of our findings:
Overall, the inspector found that arrangements were in place for residents to be well cared for and that the provider had arrangements in place to promote their rights and safety. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre.

Of the seven outcomes inspected on this inspection, four outcomes were compliant, two outcomes were in substantial compliance and one outcome had a moderate non compliance as outlined below.

Good practice was identified in areas such as:

- Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. (Outcome 5)
- Resident's healthcare needs were met in line with their personal plans and assessments. (Outcome 11)
- There were systems in place to ensure the safe management and administration of medications. (Outcome 12)
- There were management systems in place to ensure that the service provided was safe, consistent and appropriate to resident's needs. (Outcome 14)

Areas for improvement were identified in areas such as:

- Some improvements were required regarding fire safety arrangements for one of the residents. (Outcome 7)
- A number of policies in place were overdue for review which meant that staff might not have access to the most up-to-date best practice in this area. (Outcome 8)
- Improvements were required in relation to staff supervision and staff file management arrangements. (Outcome 17)

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 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):
No actions were required from the previous inspection.

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

Residents living in the centre had low support needs and were independent in their activities of daily living. Their health, personal and social care needs were assessed. There was a needs assessment policy. A personal support plan was in place for three of the four residents which detailed their needs, capacities and interests which was based on the assessment. The fourth resident had only been recently admitted. A personal plan for this resident was in the process of being completed and assurances were provided that it would be in place within 28 days of admission as per the regulatory requirements. There was a person centred planning policy. Individual plans in an accessible format were also available for residents. Task analysis sheets were completed for specific tasks for residents identified to require same.

Residents were involved in a range of activities. Examples included, special Olympics for tennis and bowling, attending a local gym, a community social club, cinema, working part-time in a local hairdressers and going out to restaurants. Three residents spoken with told the inspector that they enjoyed living in the centre, spending time with staff members and engaging in their day service and many other activities in the community.

There were processes in place to formally review resident's personal support plans with the involvement of each resident, allied health professionals where appropriate and family representatives.

A new resident had recently transitioned to the centre. The inspector found that this had been undertaken in a very planned way with appropriate supports put in place for the new resident.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
The health and safety of residents, visitors and staff were promoted and protected. However, some improvements were required regarding fire safety arrangements for one of the residents.

There was a risk management policy, February 2017. The inspector reviewed individual risk assessments for the residents which contained a good level of detail, were specific to the resident and had appropriate measures in place to control and manage the risks identified. There was a safety statement, dated December 2017, with written risk assessments pertaining to the environment and work practices which had recently been revised. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. Hazards and repairs were reported to the provider's maintenance department. Records showed that requests were generally attended to promptly.

There were a very low number of incidents and accidents in the centre but 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. There was an accident and incident reporting policy. All incidents were reported using a computerised system. The inspector reviewed a sample of all incidents and accidents reported which also recorded actions taken. The provider had a health and safety officer and risk manager who it was reported reviewed trends of incidents across the service.

There were procedures in place for the prevention and control of infection. The infection, prevention and control policy in place in the centre was dated January 2012. This was overdue for review and meant that staff might not have the most up-to-date information available to guide them in this area. The inspector observed that all areas were clean and in a good state of repair. A cleaning scheduled was in place which was completed by residents with the support of staff were required. Colour coded cleaning

equipment was in place. Residents spoken with outlined that they enjoyed cleaning their home and keeping it nice. Sufficient facilities for hand hygiene were observed with paper hand towels in use and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste.

Precautions were in place against the risk of fire. However, one of the residents had a hearing impairment and a suitable alert measure in the event of a fire at night was not in place. It was noted that this residents bedroom was on the ground floor and although there was a staff member on sleepover duty, their bedroom was located on the first floor. There was a fire safety policy. A fire risk assessment had been completed. There was documentary evidence that fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. There were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each resident had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the resident. Staff who spoke with the inspector were familiar with the fire evacuation procedures and had received appropriate training. Fire drills involving residents had been undertaken at regular intervals. Residents living in the centre had completed fire safety at home training.

There was a business continuity plan in place, dated November 2015 to guide staff in the event of such emergencies as fire, power outages or flooding.

Judgment:
Substantially Compliant

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were measures in place to keep residents safe and to protect them from abuse. However, a number of policies in place to guide staff practice were overdue for review.

The provider had a safeguarding vulnerable persons at risk policy, dated October 2016.

A staff member spoken with was knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. There had been no incidents or suspicion of abuse in the previous 12 month period. All staff had attended appropriate safeguarding training.

Residents were provided with appropriate emotional and behavioural support. At the time of inspection, none of the residents presented with behaviours that challenge. There was a behaviours support policy, dated November 2015. There was also a policy on the use of restrictive procedures, dated November 2010. However, this policy was overdue for review. There were no restrictive practices used in the centre.

There was a personal and intimate care policy, dated November 2012. However, it was overdue for review which meant that staff might not have access to the most up-to-date best practice in this area. The inspector reviewed personal plans which included details on individual residents intimate care needs. These contained a good level of detail to guide staff in meeting the intimate care needs of residents.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Resident's healthcare needs were met in line with their personal plans and assessments.

Residents health needs were appropriately assessed and met by the care provided in the centre. Specific health plans were in place for residents who required same. Each of the residents had their own general practitioner (GP). An out of hours GP service was also available. Overall residents in the centre had low medical needs but accessed allied health professionals where required. Residents attended regular reviews with their GP. A log was maintained of all GP and other professionals contacts. Records were maintained of residents weight checks on a monthly basis.

The centre had a fully equipped kitchen come dining area. This was observed to be an adequate space to make meal times a social occasion. There was a food safety policy, which it was noted had been approved in May 2017 and a monitoring and recording of nutritional intake policy, dated May 2015. Residents individually decided on their own menus for the week and prepared their own meals with the support of a staff member if

required. It was noted that a range of healthy, nutritious and appetising meals were prepared by residents in the centre. Residents spoken with outlined how they enjoyed shopping for and preparing their own meals in the centre.

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):
No actions were required from the previous inspection.

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

The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. A medication management policy, dated January 2018, was in place. There was a secure cupboard for the storage of all medicines and a number of the residents had secure cupboards in their own bedrooms. All staff had received appropriate training in the safe administration of medications.

Assessments had been completed to assess the ability of individual residents to self manage and administer medications and as a result residents on medication were responsible for the administration of their own medications. Individual medication management plans were in place.

There were some systems in place to review and monitor safe medication management practices. Counts of all medications were undertaken on a bi-weekly basis on receipt of medications.

There were procedures for the handling and disposal of unused and out of date drugs. A record was maintained of all unused and out of date medications returned to pharmacy.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were management systems in place to ensure that the service provided was safe, consistent and appropriate to 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 since it opened and had more than 20 years management experience. She held a masters in advanced social care practice and a degree in business studies. At the time of inspection, she was in the process of completing a management course. She had recently completed an auditors course. A staff member interviewed told the inspector that the person in charge was approachable and supported them in their role. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards.

The person in charge was in a full time post. At the time of inspection, she was also responsible for two day services and an independent living service. Despite this the inspector found that she was actively engaged in the governance, operational management and administration of the centre on a consistent basis. On-call arrangements were in place for staff.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. The person in charge reported to the integrated service manager who in turn reported to the regional operations manager. The person in charge reported that she felt supported in her role and had regular informal contact with her manager.

An annual review of the quality and safety of care and support had been undertaken in line with regulatory requirements. An unannounced visit to review the safety and quality of care had been undertaken by the provider in July 2017 and January 2018 in line with the requirements of the regulations. An improvement action plan to address issues identified had been put in place, with an appropriate assignment of responsibility and timelines. A monthly key performance report was completed by the person in charge on a monthly basis and submitted to upper management. Items covered included person centred plans, staff supervision and health and safety audit.

Regional senior manager meetings were undertaken on a regular basis. There was evidence that issues and learning identified in individual centres were shared at these

meetings to enable shared learning across the service.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were consistent staff members working with residents who had received up-to-date mandatory training. However, improvements were required in relation to staff supervision and staff file management arrangements.

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. The small staff team had worked in the centre for a number of years and there were a number of relief staff used on a regular basis. This meant that residents had continuity of care from their care givers. A staff communication book and staff handover sheets were completed on a daily basis. A lone working policy was in place as the majority if shifts in the centre had only one staff member working.

There was a staff training and development policy, dated March 2016. A training programme was in place for staff which was coordinated by the providers training department. The inspector observed that a copy of the standards and regulations were available in the centre. A staff member interviewed was knowledgeable about policies and procedures in place. Training records showed that staff were up-to-date with mandatory training requirements.

There were staff supervision arrangements in place but some improvements were required so as to ensure that all staff received appropriate supervision which was in line with the frequency specified in the providers policy. There was a supervision policy in place, but it was dated July 2012 so it was overdue for review. This policy stated that supervision should be undertaken on a minimum of a six weekly basis. The inspector reviewed a sample of supervision files and found that they were of a good quality. However, some staff were not receiving supervision in line with the frequency stated in the providers policy. In addition the person in charge had not had formal supervision

with her line manager for more than a 12 month period.

There was a recruitment and selection policy, dated March 2016. Staff files were not available on site. However, the provider's human resources department submitted an overview report of the contents of staff files. This indicated that some information, as required by schedule 2 of the regulations, was not in place for a small number of staff files.

There were no volunteers working in the centre at the time of inspection.

Judgment:
Non Compliant - Moderate

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:

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0005310
Date of Inspection:	30 January 2018
Date of response:	22 February 2018

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 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
One of the residents had a hearing impairment and a suitable alert measure in the event of a fire at night was not in place.

1. Action Required:
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for

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

reviewing fire precautions.

Please state the actions you have taken or are planning to take:
• As an additional control measure a vibrating device will be placed under the resident's pillow, this will be linked to the residents existing Bellman and Symfon Visit Alarm System.

• This device is currently being sourced and will be fitted by March 30th 2018.

Proposed Timescale: 30/03/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was a personal and intimate care policy, dated November 2012. However, it was overdue for review which meant that staff might not have access to the most up-to-date best practice in this area.

2. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
• The organisations personal and intimate care policy has been reviewed and circulated to all service to guide and inform staff practice.

Proposed Timescale: 22/02/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An overview report submitted by the provider's human resources department indicated that some information as required by schedule 2 of the regulations was not in place in a small number of staff files.

3. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
The PIC is currently liaising with staff members and HR Department to ensure all required information is stored in individual staff file.

Proposed Timescale: 10/03/2018

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a supervision policy in place, but it was dated July 2012 so it was overdue for review.

Some staff were not receiving supervision in line with the frequency stated in the providers policy.

The person in charge had not had formal supervision with her line manager for more than a 12 month period.

4. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
• The organisation's Supervision Policy is currently being reviewed. The review will be completed and disseminated for implementation by March 10th 2018.

• A date of March 5th 2018 has been arranged for supervision of the PIC by the Integrated Services Manager. These supervision sessions will continue every 6 weeks thereafter in line with organisational policy.

• The PIC facilitated supervision for each staff member during January 2018. The next supervision sessions are planned for the 7th of March 2018 and will continue 6 weeks thereafter in line with organisational policy.

Proposed Timescale: 10/03/2018