



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

Issued by the Chief Inspector

Name of designated centre:	Highfield House
Name of provider:	RehabCare
Address of centre:	Longford
Type of inspection:	Short Notice Announced
Date of inspection:	10 November 2020
Centre ID:	OSV-0002669
Fieldwork ID:	MON-0030778

About the designated centre

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

Highfield House is located close to a town in Co. Longford and comprises of one large two-storey dwelling. The centre provides residential care for up to five male and female adults with disabilities and other healthcare related needs. Each resident has their own bedroom. Communal areas include a sitting room, a fully equipped kitchen, a dining room, a relaxation room, a number of bathroom facilities, a utility room and a secure garden area. There is also an office for staff and a large private garden to the front and rear of the property with adequate space for private parking. The centre is staffed on a 24/7 basis by a person in charge, a team leader and a team of support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Tuesday 10 November 2020	11:00hrs to 16:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met and spoke briefly with three residents to get their feedback on the service provided. Written feedback about the service given by family representatives was also reviewed by the inspector. On arrival to the centre residents were engaged in a number of table-top activities with staff members. Residents appeared to enjoy this, appeared happy and content in their home and in the presence and company of staff.

Written feedback on the service from family representatives was also found to be positive. Family members complimented staff on the great work they do, the good care they provide and were happy with the range of activities on offer to the residents.

Residents were also involved and participated in activities in their local community. For example, they recently taken part in a local 'clean up' of their town and neighbours had sent them a thank you card and gift acknowledging their appreciation for the residents input and support with this initiative.

The inspector only had the opportunity to speak with residents for a short period of time as they had planned a number of social outings for the day of the inspection. However; it was observed that residents were very much at ease in the company of staff and staff were seen to be professional, caring and respectful in their interactions resident.

Capacity and capability

On the day of this inspection residents appeared happy and content in their home and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. However, the annual review on the quality and safety of care had not been fully completed at the time of this inspection.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who was supported in their role by a team leader and a team of support workers. The person in charge was a experienced qualified professional, who provided good leadership and support to their team. The inspector also observed that they were responsive to the inspection process and aware of their legal requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The regulations).

The person in charge ensured that resources were used appropriately in the centre

which meant that the individual and assessed needs of the residents were being provided for. From a small sample of files viewed, the inspector also observed that staff were appropriately trained, supervised and supported and they had the required skills to provide a responsive service to the residents. For example, staff had undertaken a suite of in-service training including safeguarding of vulnerable adults, manual handling, positive behavioural support and infection prevention control. It was observed however, that some staff refresher training in First Aid and Mental Health Awareness needed to be completed. This issue is discussed in more detail in section two of this report: Quality and Safety.

The centre was also being monitored and audited as required by the regulations. However, the most recent annual review had not been fully completed at the time of this inspection. Notwithstanding, the auditing process was identifying areas of non-compliance in the centre and action plans were developed to address those issues. For example, an audit of the centre identified that some medical documentation required updating and review. This issue had been addressed at the time of this inspection.

Overall residents appeared happy in their home and feedback from family representatives on the service provided was positive.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre with experience of working in and managing services for people with disabilities. They were also aware of their remit to the regulations and knew the needs of each individual resident very well.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were adequate staffing arrangements in place to meet the assessed needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the centre. It was also being monitored and audited as required by the regulations. However, it was

observed that the most recent annual review of the quality and safety of care had not been fully completed at the time of this inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

Aspects of some documentation required review to ensure it was maintained as detailed in schedule 5 of the regulations. For example, some documentation did not contain a date as to when they were last reviewed.

Judgment: Substantially compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and within their community and systems were in place to meet their assessed health, emotional and social care needs. However, the risk management process required review and some minor issues were identified with the premises which require improvement.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve goals, frequent their community and maintain links with their families. Prior to COVID-19, residents were regularly frequenting local amenities such as shops, restaurants, swimming pool and barbers. Additionally, some were also in regular work placements while others had completed accredited courses in the local community based college. Notwithstanding, some social outings and activities continued to be provided for and residents were being supported to go

for walks, drives, trips to the beach and horse riding.

Residents were supported with their health care needs and as required access to a range of allied health care professionals, to include GP services formed part of the service provided. Residents also had access to a dentist and dental hygienist and hospital appointments were facilitated as required

Residents were supported to experience best possible mental health and had access to behavioural and psychiatry support. Where required, residents had a positive behavioural support plan in place. It was also observed that a qualified behavioural support therapist visited the centre on a regular basis spending time with both residents and staff in order to support the management of complex behaviour of concern. From a small sample of files viewed, it was also observed that staff had training in positive behavioural support techniques.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. Residents also had access to an independent advocate and from a small sample of files viewed, staff had training in safeguarding of vulnerable adults.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file to support their overall safety and well-being. However, it was observed that aspects of the risk management process required review. For example, on the day of this inspection some risk assessments were not available for review. It was also observed that some of the control measures to mitigate aspects of specific risks also required review. For example, staff training in first aid and mental health awareness was one control measure to manage some of the risks associated with behaviours of concern. However, some staff required refresher training in both.

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control and donning and doffing of personal protective equipment (PPE) and hand hygiene. There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand washing facilities and there were hand sanitising gels available throughout the house.

Overall, residents appeared happy with the service provided and their health and social care needs were being supported and provided for. However, the process of risk management required review.

Regulation 17: Premises

Parts of the premises to include some furnishings such as curtains and a couch required repairing and/or replacing.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Aspects of the risk management process required review. For example, on the day of this inspection some risk assessments were not available for review. Some of the control measures to mitigate aspects risk also required review. For example, staff training in first aid and mental health awareness was one control measure to manage the risks associated with behaviours of concern. However, some staff required refresher training in both.

Judgment: Not compliant

Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control and donning and doffing of personal protective equipment (PPE) and hand hygiene. There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand washing facilities and there were hand sanitising gels available throughout the house.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve goals, frequent their community and maintain links with their families

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that residents health needs were being provided for with appropriate input from GP services and allied healthcare professionals as and when

required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and had access to behavioural and psychiatry support. Where required, residents had a positive behavioural support plan in place. It was also observed that a qualified behavioural support therapist visited the centre on a regular basis spending time with both residents and staff in order to support the management of complex behaviour of concern. From a small sample of files viewed, it was also observed that staff had training in positive behavioural support techniques.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. Residents also had access to an independent advocate and from a small sample of files viewed, staff had training in safeguarding of vulnerable adults.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Highfield House OSV-0002669

Inspection ID: MON-0030778

Date of inspection: 10/11/2020

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual review which was in draft format on the day of inspection was finalized on the Monday 16th November, the Integrated Services Manager (PPIM) completing the review was on site to meet with service users, staff and had the opportunity to link with relative of service users. Annual review will be discussed with team on the 26th November 2020	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: A full review of documentation has been completed, review dates have been added to the documents alongside a calendar for planning future review needs. The importance of review dates will be further discussed with the team on Thursday 26th November 2020. PIC and team leader will ensure all documents on file are up to date and reviewed as required, this will form part the internal auditing process.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A replacement sofa has been purchased, replacement curtains have been ordered. This will be completed by Friday 4th December.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The one risk assessment that was miss-filed on the day has been relocated and replaced back into the risk assessment file for future reference.</p> <p>Detail regarding the use of PPE has been added to the IPC risk assessment as discussed.</p> <p>Both of the above will be discussed with the team on Thursday 26th November 2020, to share learning and reduce risks of reoccurrence going forward.</p>	

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 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	04/12/2020
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	26/11/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Not Compliant	Orange	26/11/2020

	ongoing review of risk, including a system for responding to emergencies.			
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	26/11/2020