



Office of the Chief Inspector

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

Name of designated centre:	Castlevew
Name of provider:	RehabCare
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	03 September 2019
Centre ID:	OSV-0002659
Fieldwork ID:	MON-0022487

About the designated centre

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

Castleview is a residential home located in Co. Tipperary. The service has the capacity to provide supports to four adults over the age of eighteen with an intellectual disability. The service operated on a full-time basis with no closures ensuring residents are supported by staff on a 24 hour 7 day a week basis. Residents were facilitated and supported to participate in range of meaningful activities within the home and in the local and wider community. The property presents as large two storey property in a quiet country area. Each resident has a private bedroom, with a shared living area space. The centre also incorporated a spacious kitchen dining area and a garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
03 September 2019	09:00hrs to 17:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

On arrival to the centre the inspector was greeted by one of the residents currently living in the house and welcomed. This resident showed the inspector around some of the areas in the house and introduced the inspector to both staff and residents. The centre was busy and a hive of activity on the inspectors arrival with residents preparing for their day.

One resident told the inspector that they were waiting to go to their day service where they would be doing different activities. They also told the inspector they love to get their hair done in the morning before going to work, and staff up their hair in a ponytail whilst chatting away with the residents. They told the inspector that they had a BBQ the day before and it was a pity they missed it because it was lovely. When the resident returned from their day service they sat in the office with staff and the inspector talking about their day and engaging in jovial conversations with staff. They were also engaging with staff in the kitchen area doing some baking.

Two residents on arrival to the centre were relaxing in the living room watching TV before leaving to attend their local day service. These residents chose not to speak to or interact with the inspector and this choice was respected. The staff member, present with the residents ensured their unique communication was explained and utilised to promote their choice to communicate.

One resident was supported by staff to have a cup of coffee the morning after getting up to get their day started. Whilst having a cup of tea they listened to music and used their electronic device. They spoke of going to Grease, the musical in a couple of weeks with a family member and were looking forward to it.

All residents were supported to communicate their plan for the day through support from staff members. Each resident had their individual daily planner on display in the hallway which explained also what staff were on duty and what the plan was for all. Residents appeared very comfortable in the company of staff, smiling and maintaining eye contact with them throughout their interactions. Staff were knowledgeable to the needs of the residents. All information relating to the individual needs of the residents was presented in a respectful dignified manner.

Capacity and capability

The inspector reviewed the capacity and capability of the registered provider and overall a high level of adherence to the regulations was evident. Through a clear governance structure and effective monitoring systems Castlview presented as a service which strived for improvements. Some improvements were required to

ensure monitoring systems in place identified and addressed all areas of non-compliance in a timely manner.

A suitably qualified and experienced person in charge had been appointed to the centre. This individual had a keen understanding of their regulatory responsibilities and awareness to the needs of the residents. Within the governance structure of the designated centre the person in charge was supported by two appointed team leaders and reported directly to one of two persons participating in management. There was clear evidence of communication within this governance structure with clear lines of accountability.

At organisational level the registered provider had ensured the implementation of monitoring systems in accordance with regulatory requirements. This incorporated a six monthly unannounced visit to the centre and an annual review of service provision. Both reports generated showed identification of concerns/issues with robust and time bound action plans implemented to ensure these areas were addressed and learning was achieved. The person in charge had ensured actions identified were completed; e.g. full medication audit review was to be completed. One area which had been identified had not been addressed which was the area of restrictive practice within the centre.

The person in charge had ensured the implementation of centre level monitoring systems to ensure an ongoing high level of compliance. These included medication audits, complaints and fire safety. Whilst these audits and monitoring systems were in place they required further enhancement to ensure all areas of non-compliance were identified and addressed in a timely manner. For example, a number of notifiable events had not been notified to the office of the chief inspector.

The registered provider has ensured the appropriate number, qualifications and skill mix of the staff was appropriate to the number and assessed needs of residents.. Training needs were discussed as part of ongoing supervisory meetings held with the team leaders and staff. These meetings evidenced that staff were provided with the opportunity to raise concerns regarding service provision. A planned agenda was in place to ensure that staff could prepare prior to the meeting to ensure they were effective and worthwhile.

The registered provider had ensured a range of regulatory required documents were prepared and reviewed accordingly within the designated centre. This included the statement of purpose and the directory of residents. All documents were made available to residents and their representatives. This also included the complaints policy which had been sent to family member to ensure they had an awareness of the procedures in place. Residents and their representatives were facilitated and supported to submit a complaint should they so wish. A complaints policy was present with the centre incorporating clear guidance for staff in relation to the complaints procedure. Details of the complaints officer were visible in an accessible format throughout the centre. A complaints log was maintained with evidence of complaints being addressed in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration
The registered provider had ensured a full application to renew the registration the designated centre was submitted in a timely manner.
Judgment: Compliant
Regulation 14: Persons in charge
The registered provider had appointed a suitable qualified and experienced individual as person in charge to the centre. This individual possessed the skills to fulfil their governance role.
Judgment: Compliant
Regulation 15: Staffing
The registered provider has ensured the appropriate number, qualifications and skill mix of the staff was appropriate to the number and assessed needs of residents. An actual and planned rota was in place.
Judgment: Compliant
Regulation 16: Training and staff development
The person charge had ensured that all staff were supported and facilitated to have access to appropriate training including refresher training. Effective systems were in place for the appropriate supervision of staff.
Judgment: Compliant
Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. This directory incorporated information as required under Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured a clear governance structure was appointed.

Effective systems were in place for the implementation of organisational level monitoring systems. This incorporated the annual review of service provision and six monthly unannounced visits to the centre.

The person in charge had ensured a number of monitoring systems were implemented at centre level. Improvements were however, required to ensure that monitoring systems were utilised to identify and address all areas of non-compliance in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared and reviewed as appropriate, a statement of purpose containing information set out in schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that all notifiable events were notified within

the allocated time frame.

Judgment: Not compliant

Regulation 34: Complaints procedure

A complaints policy was present with the centre incorporating clear guidance for staff in relation to the complaints procedure. Details of the complaints officer were visible in an accessible format throughout the centre.

A complaints log was maintained with evidence of complaints being addressed in a timely manner.

Judgment: Compliant

Quality and safety

Castleview presented as a designated centre which provides supports in a holistic, person centred manner. Individuals are afforded opportunities to participate in individualised and group activities of their choice. Individuals are encouraged and facilitated to participate in the operations of the centre and they were observed to actively participate in the running of the home including the use of the staff picture rota and daily planner.

The centre was designed in accordance with the individual's interests and personal tastes. The premises of the centre presented a clean, tastefully decorated. Residents proudly displayed family photographs in their personal space. Some areas of the property did require review to ensure they were in a good state of repair. For example, mould was evident in one bathroom as the extractor fan was not working and a breeze could be felt blowing in the front door.

Residents were supported to choose their daily activities with their participation and enjoyment documented both within their individualised personal plans and by photograph on their i-pads. One to one activities were encouraged including swimming, social outings and attending a local hurling match. One resident was observed with staff support using pictures to their plan their day. Residents were all encouraged to participate in a range of activities on the day of inspection including attending a local day service, going for a spin, listening to music on their i-pad and baking.

The person in charge had ensured the development of a comprehensive individual personal plan for each resident. These plans incorporated multi-disciplinary recommendations and guidance. A plethora of support needs were

addressed and regularly reviewed. Person centred planning meetings were occurring yearly to ensure the participation of the resident was ongoing. Where goals have been set evidence of progression was present. Individual personal plan's also incorporated the healthcare needs of residents with clear guidance for staff to ensure residents were supported to achieve the best possible health both physically and mentally.

The registered provider had self-identified a safeguarding concern, related to the mix of residents in this centre. The PPIM spoke of this as a safeguarding concern. Whilst numerous control measures had been implemented to reduce the impact of the safeguarding concern, including one to one staff support, and individualised daily planners the psychological impact of the potential risk had not been highlighted. Safeguarding plans had not been developed to support the residents and to ensure that all staff were aware of the control measures in place and the importance of adherence to these.

The person in charge had ensured that staff were afforded with clear guidance to support service users displaying behaviour that is challenging and to support service users to manage their behaviour. Behaviour management guidelines were clear and concise and incorporated holistic supports for the residents including communication and reactive strategies. Improvements were required to ensure that all restrictive practices were utilised in accordance with local and national policy. Following the use of emergency restrictions within the environment a full review of practice was not evident and adherence to the policy was not in place. An inconsistency in the documentation of restrictive practices was also found.

Whilst the registered provider had ensured the centre was operated in a manner which promoted the safety and well-being of all residents, this was not reflected within the environmental or individualised risk assessments in place. Adherence to the organisational risk matrix was not evident. Risk which occurred on a regular basis was rated in the occurrence of once in five years. All identified risks were identified and current control measures were outlined. Such identified risks included epilepsy, falls and lone workers.

Measures were in place regarding the detection, response and management of fire with clear systems, fire fighting equipment and preventive measures in place. Staff had a clear understanding of the evacuation procedures within the home and ensured residents were facilitated to participate in regular fire drills and evacuations to promote awareness. However, one resident who required additional supports for safe evacuation had not completed an up to date evacuation.

Regulation 10: Communication

The registered provider had ensured that each service user was assisted and supported to communicate at all times in accordance with their assessed needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Resident were supported to participate in a range of meaningful activities within the centre, reflective of their unique interests and hobbies

Judgment: Compliant

Regulation 17: Premises

The centre presented as a warm homely environment with each resident being afforded with a private bedroom.

Some areas of the centre did require attention to ensure the environment was in a good state of repair.

Judgment: Substantially compliant

Regulation 20: Information for residents

A resident's guide was available within the centre in an accessible format.

Judgment: Compliant

Regulation 26: Risk management procedures

An organisational policy was in place to guide staff in relation to risk management procedures. This policy incorporated the regulatory required information.

The registered provider had not ensured effective systems were in place for the ongoing review and identification of risk within the centre. Improvements were required to ensure the likelihood and impacts of identified risks were appropriately assessed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective systems for the detection, containment and extinguishing of fires within the centre. Fire systems in place were serviced quarterly and regular monitoring was in place implemented by the staff team.

Improvements were required to ensure residents and staff were supported to be familiar with the fire evacuation procedures in place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that effective systems were in place for the receipt, prescribing, disposal, storage and administration of medical products.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each service user had a comprehensive individualised personal plan. This plan was regularly reviewed and incorporated multi-disciplinary recommendations as required. A plethora of support needs were detailed in the plan which clear guidance for staff to implement supports whilst promoting independence

Each service user had individualised goals in place to achieve during their stay, evidence of participation or progression of these goals was consistently documented. There was evidence of resident involvement in their personal plans and goal settings.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve their best possible health. Clear guidance was

available with regard to the assessed support needs of residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff were afforded with clear guidance to support service users displaying behaviour that is challenging and to support service users to manage their behaviour.

Improvements were required to ensure that all restrictive practices were utilised in accordance with local and national policy including the use of emergency restrictions within the environment.

Judgment: Not compliant

Regulation 8: Protection

A safeguarding policy was in place which gave clear guidance for staff on procedures to adhere to should a concern arise. Details of the designated officer were visible in an accessible format within the centre. Improvements, however, were required to ensure identified safeguarding concerns were addressed as such and appropriate documentation in place in accordance with local and national policy.

The personal and intimate care needs of service users were detailed within the individualised personal plans.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider had ensured the centre was operated in a manner which was respectful of the residents. Residents were consulted in the day to day operations of the centre

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castleview OSV-0002659

Inspection ID: MON-0022487

Date of inspection: 03/09/2019

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: <ul style="list-style-type: none"> Increased oversight of all incidents has been implemented to identify any potential safeguarding concerns ensure that notifications are submitted in a timely manner. 	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none"> Going forward all notifiable events will be notified to the regulator in a timely fashion. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> The front door of the premises will be replaced by 30/11/2019. Ventilation issues in one bathroom will be repaired 30/11/2019. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> Formal Monthly review of incidents will be conducted by the Residential Services Manager and Team Leaders. Actions to be completed and learning identified at this meeting will be addressed at monthly staff meetings. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

• A fire drill was completed following the move to a new bedroom by one the residents. The resident evacuated within recommended timelines.

Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- A recent emergency restrictions used in the service will now be reviewed with a view to having it approved as a Restrictive practice. A restrictive practices committee meeting will take place on November 21st when all restrictive practices in the services will be reviewed.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- Individual Safeguarding Plans will be developed for each resident within the service in respect of the potential for psychological abuse. These plans will include how we assist and support residents to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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	30/11/2019
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	24/10/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	24/10/2019

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/09/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	15/10/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in	Not Compliant	Orange	21/11/2019

	accordance with national policy and evidence based practice.			
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	31/10/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/10/2019