



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

Issued by the Chief Inspector

Name of designated centre:	Rapla Rise Residential
Name of provider:	RehabCare
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	23 October 2019
Centre ID:	OSV-0005572
Fieldwork ID:	MON-0022647

About the designated centre

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

Rapla Rise is a residential home located near a large town in Co. Tipperary. The centre caters for up to 4 adults, both male and female, with an intellectual disability over the age of 18. The service operates on a 24 hour 7 day week basis ensuring residents are supported at all times. The staff team consists of social care workers and support workers and the service facilitates residents in all aspects of their daily life as assessed within their personal plan. The premises is a large detached two storey building with five bedrooms, three of which are en-suite. One bedroom is used a staff office and sleepover room. The premises provides the residents with a homely environment decorated to their individual preferences. Local amenities include shops, café's and restaurants.

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
23 October 2019	09:30hrs to 17:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the four residents living in the centre on the inspection of day. The inspector gauged the residents satisfaction with the service that was provided through observation, speaking with staff supporting residents, reviewing residents notes and reviewing questionnaires completed by the residents representatives. In general, the residents appeared to be enjoying living in the centre and were benefiting from the support and care being provided by management and staff.

The inspector observed one meal time during the inspection day. During this time two residents were sitting down together having dinner. This appeared to be a relaxed and comfortable experience. Familiar interactions were observed between staff and residents. The inspector observed one resident taking part in a cooking activity in the centre during the day and they appeared to be enjoying this while being supported one to one by a staff member. The inspector observed another resident listening to music in the afternoon and singing along to the songs being played. Staff were supporting them to do this in the residents own preferred space in the centre..

One questionnaire was given to the inspector on the day of inspection and another was sent to the inspector prior to the inspection date. Both were completed by the residents family members on their behalf and expressed a high level of satisfaction with the service that was being provided in areas including the premises, activities, visitors, residents rights, care and support, and staff. One questionnaire noted that their family member was the happiest they had ever been outside of their family home.

Staff spoken with were familiar with the residents and their individual complex needs. Care and support provided was conducive and in line with residents personal plans and positive behavioural support plans. Residents had access to two service vehicle and these were used daily by residents to attend a variety of person centred activities including going for drives, attending fashion shows, going to the shops and local parks, visiting a museum, and going to local sensory gardens. Person centred goals and activities were also in place to promote the development of residents independent living skills.

Capacity and capability

The purpose of this inspection was to inform the renewal of the registration of the designated centre. The inspector found residents appeared happy living in the designated centre and management and staff were providing care and support in

line with the residents needs, while also being cognisant of the standards and regulations. The provider had submitted a statement of purpose to the Office of the Chief inspector as required by the registration renewal process and this was accurately describing the service being provided and contained all items set out in Schedule 1.

There was a clear management structure in place in the designated centre. There was a person in charge (PIC) who had a full time position. This person met all the requirements of the regulation and had good oversight and knowledge of the designated centre and the residents individual needs. The person in charge was supported by a team leader who was present in the centre Monday to Friday. The service provided was regularly reviewed and audited by members of management. Appropriate actions were highlighted and addressed following these audits. The service had an internal audits team, who visited the centre unannounced on a 6 monthly or more basis. The PIC also completed regular audits that used the regulations as a tool for making judgements. Templates and audits observed by the inspector included sections that consulted with the residents and their families regarding their level of satisfaction with the service being provided. Feedback was then used to inform judgements and actions. The centres team leader also completed weekly checks and consulted with the person in charge regarding any issues that arose. There was a member of management on-call at all times should staff in the centre need further support.

There were appropriate levels of staff in place in the centre to meet the assessed needs of the residents living there. The staffing team consisted of social care workers and support workers. Support was provided to residents at a minimum of one to one during the day. The team leader was also in place Monday to Friday surplus to these numbers and was available to provide further support when needed. Night time staffing levels included one waking night staff and one sleepover staff. A system was in place for inducting new staff members in the designated centre before commencing work. This included completing a checklist with the team leader that allowed for periods of shadowing other staff members and introduction to residents. This supported continuity of care for the residents. Supervision of care and performance management was completed on a three monthly basis. This was completed one to one with staff by line managers and included a review of the staff members roles and responsibilities, health and safety issues and actions to be completed. An online system system was utilised by the service human resources (HR) team and this allowed the inspector to review a sample of staff files on the day of inspection. Any files reviewed contained all items set out in Schedule 2 and were maintained and regularly reviewed.

The HR team and the person in charge also regularly completed a training need analysis and scheduled training days accordingly. The registered provider had ensured all staff had received up-to-date training to provide care and support in line with the residents assessed needs. Training was provided in areas including manual handling, fire safety, safeguarding, food safety, behaviour management, epilepsy management, medication management, first aid, key working, health and safety and personal care. Staff had also recently completed a training session in the use of new specialised technology that was being introduced to one resident as a potential

new communication method.

Appropriate systems were in place for the management of complaints. The complaints procedure was prominently displayed in the designated centre and this process was also communicated to residents and their families. Any complaints received were treated in a serious and timely manner by a designated person and complainants appeared satisfied with the outcomes. No complaints were communicated with the inspector on the day of inspection by residents or their representatives.

Regulation 14: Persons in charge

There was a person in charge who had a full time position. This person met all the requirements of the regulation and had good oversight and knowledge of the designated centre and the residents individual needs.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate levels of staff in place in the centre to meet the assessed needs of the residents living there.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensured all staff had received up-to-date training to provide care and support in line with the residents assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place. There was a person in charge in place and they were supported by a team leader. The service provided was regularly reviewed and audited by members of management. Appropriate actions were

highlighted and addressed following these audits.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a Statement of Purpose in place that accurately described the service being provided and contained all items set out in Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

Appropriate systems were in place for the management of complaints. No complaints were communicated with the inspector on the day of inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider, management team and staff were endeavouring to provide and promote a safe service to the residents. Management and staff spoken with were familiar with the residents individual needs and preferences.

All residents had a comprehensive assessment of need in place that had been completed by appropriate an staff member. This guided the residents personal plans and the care that was provided. These were subject to regular review. Regular key working sessions were completed by key workers and these included education sessions with residents and discussions regarding topics including residents rights, the complaints process, advocacy services, road safety, money management, medication and safeguarding. Key working sessions had also been completed to include one to one discussions around the scheduled inspection day and the arrival of the inspector. Key workers completed monthly reports and these were discussed at team meetings and used as shared learning among staff. Key workers also regularly reviewed social goals in place. Residents goals included going to concerts and on holidays and developing independent living skills. Action plans were devised to support residents to achieve their goals and these were accessible to residents in a pictorial format if needed.

Residents were appropriately supported to maintain their health. Residents were supported to attend healthcare appointment and relevant referrals were made by staff to allied healthcare professionals when the need arose. Recommendations made by allied healthcare professionals were supported by staff. A full screening of the residents health and social care plans were completed annually to reflect the residents most current needs. This included a review of residents healthcare needs and appointments. Relevant referrals were then made if needed in areas including dental appointments, blood testing, vision testing, chiropody, weight and body mass index. All staff were trained in first aid and there was a defibrillator on site in the centre for use in the event of a cardiac arrest.

The premises was designed and laid out to meet the assessed needs of the residents and was maintained in a good state of repair externally and internally. The premises is a large detached two storey building with five bedrooms, three of which are en-suite. One bedroom is used a staff office and sleepover room. Residents had decorated their bedrooms to suit their individual preferences. Residents also had access to a communal sun-room and a living area. The premises was also surrounded by a front and rear facing garden. Staff cleaning schedules were in place that were adhered to and the centre was visibly clean on the day of inspection.

The inspector found that appropriate arrangements were in place for the assessment, management and ongoing review of risk in the designated centre. Issues regarding risk management highlighted on the previous inspection had been appropriately addressed. Individualised risk assessments had been completed to include assessment and mitigation of risk associated with manual handling, fire safety, challenging behaviours, eating and drinking and transport. A system was in place for the recording of an incidents of concern. Any incidents identified were risk assessed appropriately and mitigating measures were highlighted to staff and discussed at team meetings.

In general, the registered provider had ensured there were effective fire management systems in place for detecting, containing and extinguishing fires in the centre. Fire fighting equipment was observed around the designated centre and this was subject to regular servicing with an external fire specialist. Staff were completing health and safety checks daily on the centres escape routes, fire panel and emergency lighting. Staff were also completing weekly and monthly checks on the centres equipment and fire doors. The person in charge was regularly reviewing all of these checks and highlighting any concerns with a fire specialist if needed. However, one action in relation to fire safety from the previous inspection had not been fully addressed by the registered provider. There continued to be no appropriate evacuation plan in place for the evacuation of one resident from the designated centre in the event of a fire. This was secondary to the resident refusing to evacuate during the majority of simulated drills that had taken place since their admission to the designated centre. Efforts were made to support the resident to evacuate safely and the person in charge was in consultation with the local fire service on different evacuation methods. An interim plan had been put in place and plans had been made to make changes to the premises to provide an easier exit route from the residents bedroom in the event of a fire, however this was not yet in

place on the day of inspection.

Appropriate systems were in place for the prescribing, receipt, storage, and administration of medication. All staff had received training in medication management and administration. Medication checks were completed by staff daily and the PIC also completed three monthly medication audits. Residents had access to a local pharmacist who was reviewing the residents prescriptions three monthly along with the residents general practitioner (GP). Staff were cross checking the residents medication packs on receipt from the pharmacy to ensure they were in line with individual prescriptions. A refrigerator was in place for the storage of drugs that needed refrigeration and the temperature of this was checked by staff regularly. Staff had completed assessments with residents regarding their ability to self administer medicines safely. Residents with epilepsy had a protocol in place for the administration of emergency medication and staff were proficient in administering this.

In general, residents were being supported to manage their behaviours. Staff had received training in behaviour management and residents had access to a behavioural therapist who attended the centre regularly and was involved in devising the residents plan of care with the resident and their key workers. All residents had a positive behavioural support plan in place and this was subject to regular review with a behavioural therapist. Plans highlighted the residents qualities and identified methods to avoid triggering behaviours and communication strategies. Any behavioural incidents were highlighted to the behavioural therapist during reviews. Some restrictions were in place in the centre to mitigate identified risks. These had been documented and were subject to regular review with the behavioural therapist. However, a window restrictions were observed in the upstairs hallway in the centre. Following discussion with the person in charge, it was noted that there was not a need or identified risk for this to be in place and it had not been subject to regular review.

All staff had completed training in the safeguarding and protection of vulnerable adults. Staff were proactive in their approach to safeguarding residents. Safeguarding plans were in place when appropriate and the service behavioural therapist had an input into these plans. Any safeguarding concerns were addressed appropriately and in line with the service policy and national policy and notified to the Office of the Chief Inspector. A sample of staff files were reviewed and all staff reviewed had up-to-date Garda vetting in place. The inspector observed contact details of a designated safeguarding officer and advocacy services prominently displayed in the centre. Safeguarding was a topic of discussion at all staff meetings and the person in charge was ensuring that all staff were familiar with the most up-to-date safeguarding plans and strategies in place to protect residents from abuse.

Regulation 17: Premises

The premises was designed and laid out to meet the assessed needs of the

residents and had was maintained in a good state of repair externally and internally.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that appropriate arrangements were in place for the assessment, management and ongoing review of risk in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

In general, the registered provider had ensured there were effective fire management systems in place for detecting, containing and extinguishing fires.

However, there were no appropriate arrangements in place for the evacuation of one resident from the designated centre in the event of a fire. This was secondary to the resident refusing to evacuate during the majority of simulated drills that had taken place. Plans were in place to make changes to the premises to provide an easier exit route. from the residents bedroom.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate systems were in place for he prescribing, receipt, storage, and administration of medication. All staff had received training in medication management and administration. Residents had access to a local pharmacist.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had a comprehensive assessment of need completed by appropriate staff. This guided the residents personal plans and the care that was provided. These were subject to regular review.

Judgment: Compliant

Regulation 6: Health care

Residents were appropriately supported to maintain their health. Residents were supported to attend healthcare appointment and relevant referrals were made by staff to allied healthcare professionals. Recommendations made by allied healthcare professionals were supported by staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

In general, residents were being supported to manage their behaviours. Staff had received training in behaviour management. however, an environmental restriction was observed in the centre on the day of inspection. Following discussion with the person in charge, it was noted that there was not a need for this to be in place and it had not been subject to regular review.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had completed training in the safeguarding and protection of vulnerable adults. Any safeguarding concerns were addressed appropriately and in line with the service policy and national policy.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rapla Rise Residential OSV-0005572

Inspection ID: MON-0022647

Date of inspection: 23/10/2019

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The service will develop a number scenario based personal emergency evacuation plans (PEEPs) for one resident. These plans will identify effective evacuation strategies from various parts of the property. The Behaviour Therapist will be consulted as part of this process. This will be completed by 31.1.2020. • All staff will be trained in the use of people handing and use of evacuation sledge. This will be completed by 31.01.2020. • Pre Planning Meeting has been scheduled with County Council to discuss option of putting in external double doors at the front of the property. Quotes have been builders. This will be completed by 31/01/2020. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • The restrictive practice of window restrictors on the first floor velux windows, in place on the day of inspection, have since been reviewed and subsequently removed. This was completed on 24/10/2019. • The window restrictors fitted to the resident's bedroom windows on the first floor have been reviewed and approved by the restrictive practice committee. The restrictive nature 	

of the window modifications has been communicated to the staff team in a team meeting forum. The restrictive practice will now be included in scheduled RP approval process. This was completed 23/10/2019.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/01/2020
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	24/10/2019
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the	Substantially Compliant	Yellow	23/10/2019

	least restrictive procedure, for the shortest duration necessary, is used.			
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