



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

Name of designated centre:	Ennis Adult Residential
Name of provider:	RehabCare
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	05 December 2018
Centre ID:	OSV-0002644
Fieldwork ID:	MON-0021711

## About the designated centre

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

The designated centre provides a residential service to four adults with a diagnosis of autism. Some residents may also use services offered by the mental health team and behavioural support specialists. The centre comprises of one house, which was located in a residential neighbourhood of a large town, where public transport links such as trains, taxis and buses were available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms were available for residents to use. A semi-independent living arrangement was also in place for one resident in the centre. All residents received an integrated service, where day service staff attended the designated centre to support residents with meaningful activities. Two-to-three residential staff members supported residents during morning and evening hours and two staff members supported residents at night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
05 December 2018	09:00hrs to 17:00hrs	Ivan Cormican	Lead

## Views of people who use the service

The inspector met with three residents on the day of inspection, one resident decided not to meet with the inspector. The residents interacted with the inspector on their own terms and they appeared relaxed and comfortable in their home. A review of received resident questionnaires indicated a high level of satisfaction with the care and support which was offered in the centre.

## Capacity and capability

Overall, the inspector found that significant improvements had been made since the last inspection of this centre and, as a result, a good quality service was being provided to residents.

The provider had an appropriate management structure in place, which had effectively implemented the action plan arising from the last inspection of this centre. This resulted in a marked improvement in the quality and safety of care which was being offered to residents. A review of documentation in the centre indicated that the care which was being provided was kept under regular review and that staff members and management in the centre were working collaboratively to bring about positive outcomes for residents.

The person in charge was supported by a team leader which assisted in ensuring that a good quality and safe service was provided to all residents. Both the person in charge and the team leader were found to have a good understanding of the residents' individual needs and of the service which was being provided in the centre. Although there were informal internal auditing systems in place, there was sufficient oversight of all care practices to ensure that the delivery of care was maintained to a good standard at all times.

The provider had completed all prescribed audits and reviews as stated in the regulations and some minor areas for improvement were noted, which the person in charge had either addressed or was in the process of addressing. It was apparent from a review of documentation that residents' representatives were fully facilitated to be involved in the individual care which residents received; however, it was unclear how residents or their representatives were consulted as part of the annual review of the overall centre.

The provider had ensured that a competent workforce was employed by providing both mandatory and refresher training in areas such as fire safety, safeguarding and supporting residents with behaviour that challenges. Staff in the centre were also attending regular team meetings and supervision sessions with management of the centre, which provided further assurances in regards to the care which was provided

to residents. The provider had also promoted residents' safety by ensuring that all prescribed information was in place for each staff member who supported residents in the centre.

### Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of this centre within the required time lines; however, some improvements were required in regards to the floor plans which were submitted.

Judgment: Substantially compliant

### Regulation 14: Persons in charge

The person in charge had a good understanding of the residents' care needs and of the service which was provided in the centre.

Judgment: Compliant

### Regulation 15: Staffing

A review of the staff rota indicated that residents' received continuity of care from staff who were familiar to them. A sample of staff files were reviewed which contained all prescribed information as stated in the regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff members were up-to-date with training needs and received scheduled support and supervision from both the team leader and the person in charge.

Judgment: Compliant

### Regulation 21: Records

Records in the centre were maintained to a good standard and were made available for review on the day of inspection.

Judgment: Compliant

### Regulation 23: Governance and management

There were adequate governance and oversight arrangements in place to ensure that residents received a good quality service. The provider had conducted all prescribed audits and reviews as required. It was apparent from a review of documentation that residents' representatives were fully facilitated to be involved in the individual care which residents received; however, it was unclear how residents or their representatives were consulted as part of the annual review of the overall centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had produced a statement of purpose which was reviewed on a regular basis. This document was updated by the provider, following the inspection, in order to reflect the service which was offered in the designated centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

There were several restrictive practices in use in the centre at all times such as the use of locked doors. These had been notified to the chief inspector on previous quarterly returns; however, some of these practices were not included on notifications which were submitted prior to the inspection.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The centre had a complaints procedure on display. The inspector found that the

provider was managing all received complaints, in line with the procedure.

Judgment: Compliant

## Quality and safety

The inspector found that the centre was a nice place for residents to live. Staff were observed to be interacting with residents in a very pleasant manner and residents appeared content and relaxed in their company.

There was one safeguarding plan in place, which was kept under regular review. This plan was found to have been effectively implemented and no further issues of concern had arisen since its implementation. There was a safeguarding policy in place and all staff had received safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse. Staff were in the process of supporting a resident in the area of self care and protection by adapting the provider's safeguarding policy into a easy-to-read format, which would meet their individual needs. The person in charge also told the inspector that a similar piece of work was to be completed, subsequent to the inspection, for all residents.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training had been completed by all staff in the centre. Staff and residents participated in regular fire drills, which indicated that all residents could be evacuated in a prompt manner. There was also evidence of learning from these fire drills as the use of enticements had been introduced to support some residents following an incomplete evacuation of the centre. Fire procedures were on display, but some improvements were required in order to ensure that a consistent approach was being taken in relation to the evacuation of residents.

The provider had a risk management register in place, which adequately described the specific control measures to mitigate against identified risks. The person in charge had a good understanding of all risks in the centre and positive risk taking was promoted, which supported a resident to live in semi-independent accommodation.

There were some positive behavioural support guidance plans in place which were regularly reviewed to ensure that residents' received consistency of care in this area. There were also some restrictive practices in place, which were reviewed on a regular basis by the staff team, consent for the use of these practices had been sought from the residents' representatives. However, one restrictive practice had not been identified prior to the inspection and the provider was unable to demonstrate that the least restrictive option had been implemented for the use of a locked door

in the centre.

There were also some good improvements in relation to social care in the centre. Residents had good access to their local community and additional transport had been made available to facilitate residents participate in activities. Residents were supported to identify and achieve meaningful goals on an on-going basis. The staff team had ensured that goals would be consistently achieved by implementing robust action plans, which had clearly defined time lines and which identified the people responsible for supporting the resident in this area of care.

### Regulation 12: Personal possessions

The staff team maintained an inventory of each resident's possessions and residents could lock their bedroom doors if they so wished. Residents were also supported to manage their own money and one resident had recently opened an account with a financial institution. There was also good oversight of money which was spent on behalf of residents, with regular audits being conducted by the staff team and the team leader in the centre.

Judgment: Compliant

### Regulation 17: Premises

The centre was warm, clean and communal areas were decorated in a homey manner. Each resident also had their own bedroom, which was individually decorated. Some minor improvements were required to one area of the centre, as a significant area of damp was noted.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The provider had produced two residents' guides which outlined the service which was provided in an easy-to-read format.

Judgment: Compliant

### Regulation 26: Risk management procedures

The person in charge had good oversight of risks in the centre and a plan had been introduced to ensure that each identified risk was effectively managed.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety was taken seriously by the provider and staff and residents were participating in regular fire drills. There were appropriate fire safety systems and equipment in place which was routinely serviced by competent professionals and regularly checked by the staff team. Fire procedures were on display but some improvements were required in order to ensure that a consistent approach was adapted in relation to the evacuation of residents.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents' independence was promoted in the centre, with individual medication self-administration assessments completed. There were appropriate medication storage facilities in place and a review of medication practices indicated that medications were being administered as prescribed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had good access to their local community and social care provision in the centre was maintained to a good standard.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were some positive behavioural support guidance plans in place which were being regularly reviewed to ensure that residents' received consistency of care in this area. Staff had also received training in supporting residents who may

present with behaviour that challenges. There was good oversight of some restrictive practices in the centre; however, some improvements were required as one restrictive practice had not been identified prior to the inspection and the provider was unable to demonstrate that the least restrictive option had been implemented for the use of a locked door in the centre.

Judgment: Substantially compliant

### Regulation 8: Protection

Plans were in place to support residents in the area of self care and protection. There was one safeguarding plan in place which was kept under regular review. This plan was found to have been effectively implemented and no further issues of concern had arisen since its implementation. There was a safeguarding policy in place and all staff had received safeguarding training.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	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 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Ennis Adult Residential OSV-0002644

Inspection ID: MON-0021711

Date of inspection: 05/12/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>Background RehabCare have systems in place to ensure that applications for registration and re-registration are completed on time and with the required information.</p> <p>Action Reviewed Floor plans emailed to Registration@hiqa.ie and HIQA inspector and hard copies posted on 10.01.2019</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Background There is an operational line management structure in place to oversee the management of the service, this structure supports service delivery from local level to national level across the organization. The organization is committed to ongoing oversight completing unannounced visits every six months and conducting an annual review of the service. The Quality and Governance Directorate with subject matter experts are actively supporting the service on an ongoing basis in terms of risk management, medication, safeguarding, regulations etc.</p> <p>Actions ISM has reviewed recent unannounced internal inspection and updated the 2018 annual review to demonstrate consultation with families. This process supports the ISM to understand the service and the support requirements of individuals in the service and to be assured that there is interaction with stakeholders. This will be completed by</p>	

16/01/2019.	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Background RehabCare is aware of the requirements to report specific incidents and event to the Authority on a 3 day, quarterly and six monthly basis. PICs have access to the ePortal for the submission of same.</p> <p>Action PIC has registered on the HIQA portal to ensure that all restrictive practices are reported. A log of restrictive practices is maintained and updated accordingly in line with policy. A review of all restricted practices was carried out with Behaviour Therapist on 14th January 2019.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The organization is committed to ensuring that the designated centre is decorated and maintained to a high standard. Residents are encouraged and supported by staff to input into the decor their own home.</p> <p>Actions Maintenance have repaired the issue with damp in the utility room. This was completed by 11/01/2019.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Background Within the service there are systems in place to ensure all fire equipment is serviced and in working order. Daily and weekly checks are completed to ensure exists are not obstructed etc. Each resident has an individual PEEP which identifies their support requirements in the event of a fire. A fire risk assessment is completed and regularly reviewed. Regular fire drills are facilitated to ensure there is adequate preparation in the event of a real fire.</p> <p>Actions Fire Safety procedure amended to include alerting the service in the apartment to a fire by knocking on their window. This was completed by 11/01/2019.</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p><b>Background</b></p> <p>The organisation's Positive Behaviour Support and Restrictive Practices Policies guides staff practice when supporting Residents in this regard. Organisational policy requires that all staff must complete a 2-day MAPA Foundation course and an annual refresher thereafter throughout their employment with RehabCare. This training equips staff with the skills required to support Residents who experience behaviours that challenge.</p> <p>Behaviour management plans are in place where necessary and staff are knowledgeable and competent in the implementation of these plans. These plans are periodically reviewed and monitored to ensure they are meeting the needs of the Resident.</p> <p>All restrictive practices must be approved by a Restrictive Practice Committee and are monitored and reviewed to ensure they are in place for the shortest duration possible.</p> <p><b>Actions</b></p> <p>Restricted practices will be discussed with the staff team at the staff meeting on 16.01.2019. A full review of Restricted practices took place with Behaviour Therapist, PIC and Team Leader on 14.01.2019</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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	10/01/2019
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	11/01/2019
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	16/01/2019
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the	Substantially Compliant	Yellow	11/01/2019

	designated centre.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	31/01/2019
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	16/01/2019
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/01/2019