



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

Name of designated centre:	Charleville Cottage
Name of provider:	RehabCare
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	16 October 2018
Centre ID:	OSV-0002666
Fieldwork ID:	MON-0025280

About the designated centre

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

Charleville Cottage is a respite residential service located in Co. Offaly. Charleville Cottage respite service aims to support individuals and their families, through the provision of residential respite services. The centre can accommodate up to four individuals with a primary diagnosis of Autism or Asperger's Syndrome at a time from five years right into adulthood. Referral to the service is done through the HSE. The service provides residential respite for up to 944 bed nights per year (closing Sunday nights & Bank Holidays) with a maximum capacity to support four individuals at any given time. Respite is offered to both children and adults. Children and adults attend respite at different times.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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
16 October 2018	08:30hrs to 17:30hrs	Laura O'Sullivan	Lead

Views of people who use the service

The inspector had the opportunity to meet with three service users on admission to the centre. Service users appeared content in their environment and interactions with staff were positive in nature. All service users participated in a meeting following their arrival to the centre which included for example a discussion of activities to occur during their stay.

Capacity and capability

Charleville cottage presented as a service where the registered provider demonstrated a high level of compliance. The capacity and capability of the provider to deliver supports in a safe effective manner was evident throughout the inspection. Through a clearly defined governance structure and effective operational management systems the provider had effective measures in place to maintain this level of compliance and to enhance this service in the future.

The registered provider had ensured the allocation of a clearly defined governance structure to the centre. The lines of accountability were clearly set out at both governance and staff team levels with all team members aware of the structure in place. There was clear evidence of on-going communication within the governance structure to ensure all identified issues and concerns were addressed in a timely manner.

The appointed person in charge possessed the required skills, knowledge and experience to fulfil their governance role. They were supported in their role by two team leaders who through on going consultation ensured that monitoring systems were implemented in a consistent manner addressing identified improvements as required. All persons involved in the day to day operations within the centre possessed a high knowledge of service users and their assessed needs. There was an emphasis on enhancing the service further to ensure a high quality of life was obtained for service users whilst availing of respite.

At an organisational level the registered provider had ensured the implementation of effective monitoring systems to achieve oversight of the service. An annual review of service provision was implemented by the person participating in management in December 2017. This was found to be comprehensive in nature and addressed a plethora of aspects of service provision. A time bound action plan was developed and implemented ensuring improvements were addressed in a timely manner. This review was implemented in conjunction with six monthly unannounced visits to the centre by a delegated person. Both systems ensured that the service provided was effective and also ensured resources were effectively distributed within the centre.

At centre level, through communication the person in charge had delegated a number of monitoring systems to the appointed team leaders. These were consistently implemented. At the time of inspection consultation was in process to

further develop these systems to ensure their effectiveness was dominant.

The registered provider had ensured the required number of qualified staff members were appointed to the centre to meet the assessed needs of the service users. The person in charge had ensured an actual and planned rota was in place which reflected the allocation of respite to service users at any given time. This rota was flexible and ensured that when availing of a respite stay sufficient staff were available to support all service users both within the centre and in the community.

The person in charge had ensured that effective measures were place for the supervision of staff. Formal supervisions were implemented in line with organisational policy by a delegated team leader. Supervisions reviewed were supportive in nature and afforded staff members opportunities to raise and discuss any issues arising within the centre. Effective systems were in place for the on-going supervision of staff with either a team leader or the person in charge on site daily. At times when this did not occur a robust on call system was in place and available for staff.

The person in charge had ensured that all staff had been facilitated to attend training relevant to the support needs of the service users. All staff training was in date and through on-going review of a developed training matrix oversight as present to plan training prior to expiration dates.

The provider had effective systems in place to pay attention to service users and family member's views though the implementation of an effective complaints procedure. An organisational policy was in place which incorporated guidance for staff should a complaint be received including contact details for the designated complaints officer. Staff spoken with could clearly articulate this process. The person in charge maintained an electronic complaints log which evidenced that all complaints received were effectively addressed in a timely manner ensuring the satisfaction of the complainant was received.

Regulation 14: Persons in charge

The provider had appointed a person in charge to the centre. This person possessed the required attributes and regulatory skills, knowledge and experience to fulfill their governance role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the required number of qualified staff were appointed to the centre to meet the assessed needs of the service users.

The person in charge had ensure an actual and planned rota was in place which reflected the assessed needs of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured effective systems were in place for the supervision of staff.

All staff members had been facilitated to receive appropriate training including refresher training as part of continuous professional development.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and maintained a directory of residents within the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured a clearly defined governance structure was in place within the centre.

Effective operational management systems were in place to ensure oversight of service provision including the implementation of an annual review of service provision and six monthly unannounced visits to the centre. At centre level, effective monitoring systems were also in place to obtain oversight of service provision.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1. Improvements were required to ensure that

<p>this statement is reviewed as required.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>The person in charge had ensured the submission of all notifiable events in line with regulatory requirements.</p>
<p>Judgment: Compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>The registered provider had ensured effective systems were in place for the receipt and management of complaints. An organisational policy was in place with clear guidance on procedures for staff to adhere to.</p> <p>The person in charge maintained a complaints log which evidenced complaints being addressed in an effective timely manner ensuring the satisfaction of the complainant</p>
<p>Judgment: Compliant</p>
<p>Quality and safety</p>
<p>The inspector reviewed the quality and safety of the centre and a high level of compliance was evidence. The centre operated in a manner which encouraged a holiday environment for service users during their stay. An emphasis was placed on the engagement in meaningful activities. The registered provider had ensured that each resident was assisted and supported at all times to communicate their needs and wishes, ensuring choices were offered and respected in conjunction with consultation with residents.</p> <p>Overall, the centre was operated in a manner that promoted the rights of each individual. Service users were encouraged and supported to participate in house meetings and were consulted with regard to their individualised personal plans and how they spent their time whilst on respite. Minor improvements were required to ensure that each residents privacy and dignity was promoted with regard to their personal living space, for example due to the configuration of one bathroom improved privacy measures were required as this area could be accessed</p>

from both a bedroom and the corridor.

The person in charge had encouraged and supported an environment that encouraged all service users to bring important items and personal possessions with them whilst availing of the service. On admission an inventory was obtained and this was reviewed prior to discharge to ensure that all items were safely returned to the individual. Service users were encouraged to bring items which were important to them and which would enhance their stay.

The person in charge had ensured the development and review of an individualised personal plan for each service user. As part of the admission process a holistic assessment of need was completed in consultation with the service user and their family member. This process in conjunction with on-going assessment encompassed the personal plan. Where multi-disciplinary input was required to support the service user this was also incorporated ensuring staff members had sufficient knowledge and guidance to provide supports required in a dignified manner.

Service users were supported to partake in a range of meaningful activities both within the centre and within the local community for example cinema outings, going out for meals. Participation in and enjoyment of activities was documented within each personal plan. However, goals were not always documented. Where goals had been developed following consultation with the service user evidence of progression of these was not clear within personal plan. This system required review to ensure that all staff were aware of goals set and progressed these accordingly to enhance the quality of life of the service user.

The registered provider had ensured that following an allegation of abuse robust measures were implemented to carry out an internal investigation and measures were put in place to safeguard service users from abuse. All staff members had received relevant training to safeguard both adults and children from abuse. Staff spoken with clearly articulated procedures to adhere should a concern arise, which was in line national and organisational policy. Information was made available to service users in an accessible format with regard to forms of abuse and how to raise a concern. Safeguarding was also discussed as part of the house meeting. Concerns were discussed as part of staff team meetings which occurred bi-monthly and as part of formal supervision meetings. Where supports were required with regard to intimate care, clear guidance was available for staff to ensure this support was implemented in a respectful manner.

The registered provider had effective systems in place for the detection and prevention of fire. Fire safety checks were implemented monthly, quarterly and annually. All fire fighting equipment was regularly serviced by a competent person, including emergency lighting and fire alarm. Regular fire evacuation drills took place to ensure that all service users were aware of evacuation procedures to adhere to incorporating differing scenarios. Each service user had a personal emergency evacuation plan in place to ensure staff were aware of supports which may be required to safely evacuate all persons. These plans were reviewed following participation in fire evacuation drills to ensure guidance for staff was reflective of

the service user's needs.

The person in charge had ensured that the centre had appropriately safe systems in place for the receipt, storage and administration of medications. Staff were observed adhering to local policy and procedures when medications were received following service users arrival to the centre. This included a count of all medications received and scrutiny of the expiration dates of medications. Staff were observed communicating with family members if an expiration date was approaching pre-empting the need of the medication replacement.

Regulation 10: Communication

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

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had encouraged and supported an environment that encouraged all service users to bring important items and personal possessions with them whilst availing of the service.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises were designed and laid out to meet the needs of the services users. Overall, any maintenance issues were identified and addressed in a timely manner, however improvements were required to one bathroom to ensure it was in a good state of repair.

The centre had an appropriate outdoor recreational which had age appropriate play and recreational facilities.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety checks were implemented monthly, quarterly and annually. All fire fighting equipment was regularly serviced by a competent person. The registered provider had effective systems in place for the detection and prevention of fire. Fire evacuation drills were implemented in line with local policy. Personal emergency evacuation plans were developed and reviewed regularly for each individual to promote awareness of safe evacuation procedures.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured the centre had appropriate practices relating to the receipt, storage and administration of medicinal products. Staff were observed adhering to these practices in an efficient manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development of an individualised personal plan for each service user which was reviewed annually following the implementation of a centre specific assessment of need.

Goals were at times developed following implementation of a person centred meeting, however not all goals were documented. Improvements were required to ensure progression of goals was documented and guidance for staff to support goal participation and achievement was present

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had effective systems in place to protect service users from abuse. Where an allegation arose robust measures were implemented including notification to relevant authorities and internal review. Staff members had received relevant training and in conjunction with national and organisational policy could

clearly articulate processes and procedures to adhere to.

The person in charge had ensured the development of clear guidance for staff with regard to supporting individuals in the area of personal and intimate care in a dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the centre was operated in a manner that promoted the rights of each individual. However, minor improvements were required to ensure that each residents privacy and dignity was promoted with regard to the bathroom accommodation.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Charleville Cottage OSV-0002666

Inspection ID: MON-0025280

Date of inspection: 16/10/2018

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
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Background The Statement of Purpose and function for each designated centre outlines the purpose of the service, supports provided, staffing arrangements and all other matters as outlined in Regulation 3. Statements of Purpose are frequently reviewed to ensure content is accurate and service delivery is in line with that specified in the statement of purpose.</p> <p>Action <ul style="list-style-type: none"> The PIC has reviewed and updated the Statement of Purpose and Function in line with Regulatory requirements. This was submitted to HIQA by 16/10/2018. </p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Background 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 <ul style="list-style-type: none"> The PIC has sought quotations from appropriate contractors to complete refurbishment of 2 bathrooms within the service. This includes permanent closing off of an internal door leading to an ensuite from a bedroom and the main corridor. As an interim measure this door has been secured, enabling access from the main corridor only. The main bathroom will also be refurbished including a new suite fitted with a shower over the bath. All of the above will be completed by 28/02/2019. </p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Background</p> <p>There is an annual screening of Resident needs, this informs the support plan which identifies their support needs and guides staff practice. The Resident is also supported to have ongoing action plans which enable them to pursue their goals. Based on the ethos of person centred planning Support Plans and Action Plans are developed in consultation with the resident. Plans are reviewed on an ongoing basis to review their effectiveness and there is formal review at minimum on an annual basis. The review looks at the effectiveness of the plan over the previous 12 months and encourages the resident to identify goals for the coming year.</p> <p>Action</p> <ul style="list-style-type: none"> • The PIC has reviewed the Assessment of Needs to ensure all relevant supports are identified and relevant reports provided prior to admission to the service. • The PIC has scheduled Annual Reviews with all residents which will be completed by 31/03/2019. • Action Plans detailing actions of individual choice carried out with each resident will be completed on each respite visit and include progress of each goal. • All of above will be completed by 31/03/2019. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Background</p> <p>RehabCare is committed to respecting the rights of residents at all times, all supports are provided in line with resident's choices and wishes.</p> <p>Action</p> <ul style="list-style-type: none"> • The PIC has ensured the door leading from the ensuite to the adjacent bedroom has been sealed off as an interim measure to ensure the privacy and dignity of each individual visiting the service. This room is now accessed from the main corridor only by all individuals. • Quotations have been sought to upgrade the ensuite to include fitting of a new suite including a shower and new tiling of the room. • The door leading from the ensuite to the adjacent bedroom will be permanently sealed off, with access to the ensuite from the main corridor only. • The PIC has sought quotations from an appropriate contractor to supply privacy film for all overlooked windows in the service. • All of the above will be completion by 28/02/2019. 	

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 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	28/02/2019
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	16/10/2018
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/03/2019
Regulation	The person in	Substantially	Yellow	31/03/2019

05(4)(a)	charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Compliant		
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/03/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	28/02/2019