

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002678
Centre county:	Donegal
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Michael O'Connor
Lead inspector:	Geraldine Jolley
Support inspector(s):	Mary McCann
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 December 2015 10:30	08 December 2015 18:30
09 December 2015 09:00	09 December 2015 11:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection of this centre and was conducted as part of the assessment for registration. The inspectors met with residents, relatives and the staff team on duty during the inspection. Care practice and the day to day routine were observed and documentation required by legislation including personal plans, medication records, accident and incident reports, policies, procedures and the staff deployment model were reviewed.

This designated centre is comprised of two houses linked together and is located in a residential area in County Donegal. Both houses were fit for purpose, comfortable

and well maintained. Residents lived in both houses and used the interconnecting link to maintain contact with each other and with the staff team. The arrangement provided residents with independence and autonomy while ensuring that the support required could be provided expediently when needed.

Eight residents could be accommodated and residents had their own bedroom which had furnishings, fixtures and ornaments that reflected their individual tastes and interests. There was outdoor garden space that was secure and provided a safe space for residents to sit and enjoy the outdoors.

The inspectors found evidence of a person-centered approach to practice with good emphasis on promoting the rights and dignity of residents that had resulted in good outcomes. Residents told inspectors that "staff are very good and help us get involved in community activities", "the house suits my needs and I hope to stay here" and another resident said that staff ensured that they had choices in how they spent their leisure time.

In conversation with inspectors staff were found to be well informed and fully aware of residents' support needs. They described how individual life style choices were accommodated and how personal plans were reviewed to ensure that residents could pursue lifestyles they valued. One resident said that "moving here was the best thing that has happened to me". The inspectors found that there was good cooperation between all staff including staff in the day service resource centre and that an ethos of teamwork /working together had been developed. Staff were noted to be actively engaged with residents and interacted with them in a warm and friendly manner. They conveyed an in-depth understanding of individual residents' needs, wishes and preferences and were observed to ensure that personal programme goals were followed as outlined. For example, where residents were developing daily living skills such as cooking this activity was planned daily. Residents described to inspectors how they prepared the evening meal and the tasks associated with this which they completed with staff support. This was noted to have a positive impact on residents' well being as they described being happy with the progress they had made.

There were a number of good practice indicators evident and these included:

- residents were supported to achieve maximum independence through detailed assessment and personal planning that they and their families contributed to regularly
- planned programmes of care included the development of daily living skills to extend residents' independence which residents said promoted their self confidence
- residents were able to have social care opportunities that suited their personal needs and some activities connected them to the local community for example involvement with the local community resource centre
- written commentary in documentation was sensitive and respectful of residents dignity and privacy.

Relatives told inspectors that they were satisfied with the current service particularly the dedication and commitment of staff to residents' care and well being. They said they were informed about changes in care needs and progress and were invited to reviews. They had confidence in the staff and said that they actively planned for

changes in life stages for residents. This was a particular concern for them when residents moved between services.

There was regular consultation with residents through weekly meetings and they were encouraged and supported to contribute their views. Staff accommodated their choices to attend social events, when planning menus and when organizing the routines of the house.

The inspectors found evidence of good practice in a range of other areas such as administration, staff training and development, the deployment of resources and the protection of vulnerable people. There were appropriate numbers and staff skill mix available to implement the support programmes devised for residents. Staff were trained and knowledgeable about how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. All staff present during the inspection days could tell the inspectors how they ensured residents were safe and could describe the procedures they would follow and the information relayed was found to be in accordance with the procedures in place.

There was evidence that residents' healthcare needs were met with support from local doctors and specialist medical services where required. Access to specialist referrals and advice from allied health professionals was available through referral to the Health Service Executive, recorded in personal plans and adhered to by staff. There was good emphasis on health promotion including weight management and exercise.

The role of the person in charge was fulfilled by an experienced manager who was fully aware of her responsibilities in relation to legislation. She was familiar with residents and could describe varied aspects of residents' lifestyles and the interventions undertaken by staff to ensure residents' specific needs were met. There was an emphasis on teamwork between staff in the resource centre and residential staff to achieve the best possible outcomes for residents. These areas are discussed further throughout this report.

The action plans from the previous inspection conducted on 20 and 21 August 2014 had been addressed. The areas that were identified as in need of improvement during this inspection included aspects of administration such as the provision of contracts of care, the maintenance of the directory of residents, updates of some procedures where the date for review had expired and improved premises monitoring to ensure risks such as hot radiators are identified and addressed. These areas are described under the relevant outcomes and the action plan describes where improvements are required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) regulations 2013.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents told inspectors that they were consulted about their daily routines and could exercise freedom of choice about how they spent their time. There were weekly meetings and a range of topics that impacted on social care and day to day life such as menus, shopping and activities were discussed. There was also emphasis on ensuring that residents contributed to decisions about arrangements in the house and examples of this were reflected in the way staff discussed how the household was organised with residents. Residents' requests for particular meals, trips or social events were facilitated as much as possible a resident told the inspector. Personal records and reviews of the service conveyed that consultation with residents was part of day to day life.

The activities and routines reflected residents' choices and lifestyles. Some residents were able to go out independently and staff were noted to actively encourage residents to attain maximum independence in a range of areas. This included travelling alone, exploring community leisure opportunities and taking part in initiatives such as the community garden and seasonal activities such as the Christmas pantomime.

There was good emphasis on promoting privacy and dignity. Each resident had their own room and the inspectors saw that rooms were personalised with photographs, ornaments and other items that reflected residents' personal taste, hobbies and interests.

There was appropriate emphasis placed on addressing concerns or complaints that residents brought to the attention of staff. The inspectors saw records that conveyed that issues were addressed in a timely way and resolved locally in the centre however

there were improvements required to the system for complaints management. A complaints policy was available and this described the organisation's arrangements for managing complaints and outlined how and to whom a complaint should be made. This was noted to require review as the version of the policy was dated 2011. The record of complaints maintained also required review to comply with regulation 34-Complaints Procedures. A complete and separate record of all complaints should be maintained and the information recorded should describe the actions taken to resolve the issue and if the person who made the complaint is satisfied with the outcome as described in regulation 34- paragraph (2)(f). A person to oversee that complaints were managed appropriately was also required. Residents said that they had no problem raising issues and said that staff addressed their concerns promptly. Relatives that the inspectors talked to also confirmed that any matters they raised were resolved.

The inspectors reviewed the arrangements in place to ensure residents' finances were safeguarded and found the system maintained to be secure and managed in an accountable manner. There was a procedure in place to guide staff when managing residents' personal property and possessions. Staff could describe the process they followed and the inspectors found that there were appropriate safe guards to protect residents' finances in use.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that residents were supported to communicate in all aspects of their lives and staff encouraged residents to express their views on their support needs and day to day life in the house. Residents' views and communications were described in personal plans and were used as a basis to develop their support plans and plan day services to meet their needs. Residents were provided with information about the service in easy read plain English formats. There was access to radios, televisions and music systems. Some residents had their own mobile phones and could communicate freely.

The arrangements within the house reflected residents' preferences and choices. Staff told the inspector that they ensured residents were informed about any proposed alterations to the routine or new events and these took place following the approval of

residents or were changed to meet their wishes.

The daily records that described residents' care, progress and day to day lives were noted to be written clearly and gave good accounts of health, emotional care and how time was spent in and out of the centre.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The criteria for this outcome were met. The inspectors found that there were good networks and regular contact arrangements established with family members. All residents had contact with their families and this included phone contacts and visits. Family members who talked to the inspectors indicated that there was no restriction on visits. Families were actively encouraged to participate in the lives of the residents. They were consulted and informed about residents progress, were invited to review meetings and were updated when their relatives' needs changed. Personal plans and daily records reviewed by the inspectors confirmed the varied contacts between staff, the person in charge and families.

The inspectors noted that residents had photographs of family members in their bedrooms and saw that that they attended varied family events. Residents said that they received encouragement and support from staff to visit their relatives regularly and stay with them. Residents were supported to attend local community events and used local shops and restaurants regularly. Residents told the inspectors about the local events they took part in and said that this changed as new projects came on stream and their own interests changed.

Personal plans described the significant people in residents' lives. Family members confirmed that the service met their relatives' needs and expressed satisfaction with the competence, care and commitment of staff.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed a sample of personal plans and other documentation to assess this outcome. There was an established admission procedure which was referred to in the statement of purpose. The present resident group have lived together some time and inspectors were told that any admissions or moves of residents would be organised in the context of current residents' needs and wishes.

Some but not all residents had been provided with a contract of care as outlined in regulation 24-Admission and contracts for the provision of services. All had handbooks from the housing association that manages the property. The financial contribution that residents were required to pay for accommodation was outlined.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that residents were supported to enjoy a good quality of life, that their independence and skills were developed and that social and health care needs

were assessed and met through detailed care planning and a range of staff interventions. Personal plans were based on person centred principles and identified residents' skills, areas where support was needed and described the interventions put in place to extend residents' capacity and independence. The inspectors met residents on their return from their day activities and also met residents who attended the local day care resource centre. They told the inspectors that staff talked to them about what they wanted to do, the goals they wanted to achieve in the future and the help and support they needed to make progress in the areas identified. Personal plans were noted to have a range of information that outlined residents' health situations, their support needs, goals, their intimate and personal care needs and their family contacts and relationships. Residents' preferences and wishes regarding their daily routines were recorded and facilitated.

The personal plans were noted to place emphasis on progress and increasing independence. For example, residents who wished to manage their own medication had alarms to remind them of the times medication was due and this had resulted in independence in this area. Other areas where independence was actively promoted related to daily living skills such as managing laundry and cooking and independence in these areas was actively promoted with a view to some residents being able to consider living a more independent life style.

The two actions in relation to personal plans outlined in the last report had been addressed. Annual reviews were undertaken and relevant professionals and family members had been invited and contributed to the process. The inspectors established from reading personal plans and talking to residents, staff and family members that personal plans were being implemented as outlined following reviews and were resulting in positive outcomes for residents. There was information in personal plans that described how goals were achieved and any obstacles to achievement. Daily records maintained by staff outlined day to day life and how residents spent their day. There was evidence of progress made towards achieving goals and the information also conveyed residents' emotional and physical health needs and any interventions required to ensure their well being.

There was evidence of multidisciplinary team involvement in residents' care including nursing, speech and language therapy and other allied health professional when required. The inspectors found that there were some areas where an improvement was required. Aspects of behaviour that had been identified and assessed and had interventions in place did not in some cases have a written support plan to guide and inform staff actions.

Staff were very well informed and could describe daily routines, specialist interventions and choices accommodated daily. They were noted to provide a high standard of support while respecting residents' choices and preferences. Staff were observed to explain and consult with residents before undertaking any personal care or activity with them and the inspectors found that good effective support was provided by an experienced and skilled staff team.

The inspectors were told by staff that there were a number of options available to residents in relation to day care and social activities. Some residents had day care services in the organisation's resource centre and some accessed training in a unit in the

nearby town.

Residents' feedback conveyed that they were involved with varied community activities and said they enjoyed meeting people and being involved. Transport was available to ensure residents could attend the activities of their choice. Staff were well informed about events in the local neighbourhood, in the nearby towns of Lifford, Strabane and Letterkenny. The views expressed by residents indicated that they were fully involved in the way they lived their lives and that staff were readily accessible and supported them to achieve the goals they identified.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The designated centre is made up of two houses that interconnect. The arrangement suits the particular needs of current residents but can be revised so that each house can function as a separate entity. There was appropriate sitting, dining and personal space for residents. Everyone had their own bedroom and had personal effects, furniture and ornaments that reflected their interests and personal taste. Bedrooms met the minimum size requirement and there was adequate storage space in each room.

Both houses were comfortable, well decorated, appropriately furnished and provided a home like environment for residents. The colour schemes were attractive and well coordinated which contributed positively to the environment. Each house had a kitchen that was domestic in style and had appropriate cooking facilities, storage space and were large enough to facilitate residents preparing or cooking meals where this was a goal to enhance their independence. Dining areas were attractively organised with sufficient space for residents to eat together in comfort. There was a room where residents could see visitors in private or spend time on their own.

There was staff office space, laundry and storage space.

The garden area had been made secure in response to an action plan in the last inspection report and now provided a safe private area for residents to use. There was parking space available near the centre. Suitable arrangements were in place for the

disposal of waste.

All areas had good lighting, ventilation and heating.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that the system for risk assessment and risk management promoted the health and safety of residents, staff and visitors with the exception of one risk area where radiators in a hallway were hot to touch and could present a burns risk. The organisation had a health and safety statement that had been introduced in November 2015. The document had been read by staff who could describe their responsibilities for aspects of health and safety management that included managing fire safety, security, infection control, emergency situations and the storage of chemicals and cleaning products.

There were procedures in place to address clinical risk areas and first aid situations. An action plan in the last report in relation to deficits in the identification of vulnerability to choking had been addressed and was described to ensure staff were aware of this factor and provided appropriate support at meal times. The inspectors found that there were procedures available to guide staff in an emergency situation and these were outlined in a business contingency plan. Staff had contact numbers for senior staff including the person in charge, area manager and provider nominee should they need to be contacted outside of regular working hours.

The procedures were supported by regular monitoring for hazard identification. The system required some improvement to ensure that all risk areas including radiator surface temperatures were assessed.

Hazards identified as posing a risk to particular residents were identified in their personal plans and the controls to minimise the risk of harm or injury were described. There were no restrictive procedures in place. Procedures for incident reporting and risk escalation were in place. There were records of events that took place and the actions taken by staff to alleviate and manage the situations were recorded. Where specific behaviour issues arose there were behaviour support plans in place to guide and inform staff actions in such situations.

There were appropriate fire precautions in place that included the provision of fire safety equipment such as extinguishers, fire alarms and a programme of fire safety training and fire drills. A fire record was in use and this contained information on the range of checks undertaken to ensure the fire safety arrangements were maintained in working order. Staff on duty confirmed that they attended training and could clearly describe the fire safety measures and the ways they checked that these were effective. Fire drill exercises were scheduled regularly and these were noted to have taken place at varied times including night time and early mornings. Residents were included in the fire exercises and the time taken to evacuate was recorded with any learning points from the exercise. In all 14 fire drills were conducted during 2015. Training records confirmed that all staff had attended formal training sessions during November 2014 including fire warden training. Emergency evacuation procedures were displayed prominently in the centre. The action plans outlined in the last report in relation to fire training for staff and updating residents information to ensure it was accurate had been completed.

Fire prevention and safety equipment was available, recorded and was regularly serviced. The fire alarm was serviced quarterly and fire extinguishers annually. Service records confirmed the dates when this work was completed during 2015. Staff checked fire exits daily to ensure they were unobstructed. The record of these checks was up to date and complete when reviewed.

Both houses were maintained in good condition. All areas were found to be clean, comfortable, appropriately heated and ventilated. Chemicals such as cleaning materials were stored safely. Infection control practices in relation to hand hygiene were in place and observed by staff. There was a range of policies to guide staff in infection control practice.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents were protected from abuse, or the risk of abuse and staff had good awareness on how to ensure their human rights were respected and upheld. There were policies and procedures in place to safeguard residents against abuse and there was evidence that the staff team had a good understanding of the procedures in place to prevent and identify abuse. The safeguards included ensuring that all staff had training and information on adult protection and the provision of intimate care and that the procedures for recruitment included appropriate vetting of staff working with vulnerable people.

All staff the inspectors interviewed could describe how they would report a suspicion, allegation or incident of abuse. They were clear about protection for the resident, who to report to and what actions they were expected to take in accordance with the organisation's procedures. The inspector noted that staff had a high level of awareness of what could constitute an incident of abuse including neglect or omissions in care practice. Staff were aware of the duty to report to the designated person in the Health Service Executive and the notification to be made to the Authority. Records confirmed that training was up to date and had taken place during 2014/2015. Recruitment practices in place were in accordance with the legislation for the recruitment of staff working with vulnerable people.

The inspectors observed staff interacted with residents in a respectful and cheerful manner. Residents told the inspectors that they felt that the staff team cared for them very well.

There was a policy and procedures to guide staff when providing personal and intimate care. Residents were assessed to determine the level of support they required and this was made available taking in to account any goals for promoting independence in this area. The inspectors found that, when support was required from staff, an intimate care plan was developed and these plans were reviewed periodically by the key workers and the person in charge. This protected residents' welfare and rights.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

All the required notifications were supplied as required.
The person in charge and the staff team were aware of the time lines for notifications.
Notifications made on behalf of the provider such as changes to the person in charge and to the nominated person on behalf of the organisation had been supplied.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents' could access day care, skills training and social care programmes. They confirmed that they had opportunities to socialise with their peers and friends. Good connections had been established with the local community and residents took part in local initiatives such as the community garden and drama group. Residents' records described their day care arrangements and the inspectors noted that there was good communication between day services, the centre and families that ensured that programmes were understood by all involved and carried out as planned.

Transport was available so that residents could access day care and social events. Some residents used public transport daily to travel to training courses in nearby towns.

Feedback from residents, relatives and staff who talked to the inspectors indicated that residents enjoyed their current living arrangements and that they took part varied activities both at home and in the local community. The inspectors saw that staff welcomed residents when they returned from day care, offered them drinks and snacks and checked the arrangements for the evening meal as well the arrangements to attend activities later in the evening. The inspectors saw that residents enjoyed a range of activities in the community such as going to the cinema, eating out, concerts and visits to towns/places of interest in the surrounding area. Some residents were able to direct their daily activity and lifestyles but there was concern expressed by residents and family members about how the transition between services would be managed when residents had completed particular training programmes.

Judgment:

Compliant

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Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i>

Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
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Findings: There were appropriate assessments of health care problems and interventions were put in place to ensure that residents could enjoy good health. Staff and residents described good access to the local General Practitioner's (G.P.'s) and to specialist doctors such as psychiatrists and there was information available to confirm this in the files reviewed. The inspectors found that health checks were undertaken and specialist referrals were made to allied health services that included dentists, physiotherapists and speech and language therapists. There were good health promotion initiatives in place to ensure residents maintained good health and to address problems in a holistic way when they arose. Exercise and healthy eating plans were encouraged to help manage weight and some residents said they walked to and from the resource centre so that they had fresh air every day. On a day to day basis there were regular contacts between support workers and residents that provided residents with time to talk and describe feelings and frustrations with the aim of reducing stress and anxiety.

Judgment: Compliant

Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>
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Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
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Findings: A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to

residents. While the majority of residents required support with medication staff encouraged residents to be independent in this area and individual medication plans were in place to support some residents with self medication initiatives. Staff on duty displayed a good working knowledge of the medications prescribed and the inspectors found that staff had a good understanding of appropriate medication management principles, adherence to safety guidelines and regulatory requirements. There was a good system in place for medication reviews. Staff reported that general practitioners and medical specialists reviewed medication during regular appointments and they recorded progress and responses in daily records when changes in medication were made.

The inspectors reviewed the medication arrangements and found that medications were stored securely and there were no medications that required strict control measures (MDA's) in use at the time of the inspection. There was a system in place for the reporting and management of medication errors. Staff the inspector talked to knew the process they had to follow if they made an error.

The inspectors found that medication administration charts contained all the required information and the deficits in information available on medication administration charts outlined in the action plan in the last report were addressed.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose (SOP) was submitted prior to inspection and was reviewed by the inspector. It described the information described in schedule 1. The aims of the service and the facilities to be provided for residents were outlined.

The information on the management of complaints required review to reflect the requirements of legislation as described in outcome 1-Residents' Rights, Dignity and Consultation. The review arrangements to ensure complaints were appropriately addressed in accordance with legislation should be outlined.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a clearly defined management structure that identified the organisation's structure, the personnel who had authority and accountability for the operation and management of the service and the reporting system for staff. The arrangements reflected the information set out in the statement of purpose. The governance structure ensured senior managers were available to support front line staff, reviewed the service regularly and made improvements where necessary.

The person in charge (pic) had been in post five months. She was suitably qualified, skilled and experienced to meet the requirements of the role. The inspectors found that the pic was knowledgeable about the requirements of the regulations and standards and had good knowledge of the support needs and person centred plans for residents. All residents knew her and said that they knew how and where to contact her if they wished to discuss an issue. The pic was employed full-time and had responsibility for both the operation of the resource centre and designated centre. She has a range of direct care and management experience in a variety of settings and advanced qualifications at masters level in autism practice and community development. An induction period enabled her to become familiar with the organisations' structures and procedures, residents support needs and the staff team.

She facilitated the inspection in a competent professional way and provided all the information and documents required to complete the inspection. She is supported in her role by a regional manager. He visits the centre regularly and was known to residents and the staff team. The person in charge is developing closer working relationships between residential and day service support staff to ensure both services work effectively to achieve the goals set out in personal plans and to achieve the best outcomes for residents. Staff told the inspectors that they were well supported by the person in charge and said that they valued her advice and encouragement.

The provider and pic had systems in place to review the safety and quality of care and support to residents. There was evidence that a range of audits were carried out and reports required by regulation 23 (2) Governance and Management were available. The

inspectors viewed copies of the reports on the quality and safety of care and support which contained recommendations. Areas that required improvements or change were described and these were being implemented which strengthened compliance with the regulations. The findings of reports were not conveyed to residents but consideration was being given to providing relevant feedback in the quarterly newsletter.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Two senior members of staff who are facilitators in the day service take charge in the absence of the person in charge. One was the previous post holder. They demonstrated familiarity with the regulations and standards during the previous inspection and the period prior to the appointment of the current post holder.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that the service was adequately resourced to effectively meet the social and health care needs of all residents. The availability of staff ensures residents have meaningful choices about what they do and ensures that they can follow

meaningful and purposeful day care and training opportunities that furthers their independence. The more flexible staff arrangements and the recruitment of additional locum staff has contributed positively to the management of resources.

The premises provide an attractive and comfortable environment for residents to live in and personal goals can be achieved through the structures in place. There was access to transport which was noted to be used well to access community facilities and overall the arrangements were flexible to meet the needs of residents.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a sufficient number of staff and an appropriate skill mix to meet the needs of residents. The action plan in the last report that required the staff deployment model to be reviewed to take account of residents support needs had been addressed. The person in charge said that there were some hours allocated more flexibly. The regular staff team is supplemented by locum workers and the person in charge told inspectors that recruitment to expand the number of locum staff available is underway to ensure that support is provided by consistent staff who know residents and their support needs well. Support staff work alone for the majority of their shifts and supervision arrangements were in place as the person in charge allocated time each week to see staff and to work in the centre.

The inspectors reviewed training records and found that all staff had received training in the statutory topics of adult protection and fire safety. Staff had also received training on a range of topics that included medication administration, crisis intervention, working safely, risk assessment, emergency first aid and the management of epilepsy. The person in charge had an employee training record that identified when staff had training and where training was required.

The inspectors observed the interactions between staff and residents and found that staff engaged with residents in a warm friendly way. Residents said they were pleased to see staff at the end of their busy days. Staff made efforts to ensure that residents

were given opportunities to express themselves and exercise choices. Staff who were interviewed presented as competent, demonstrated good knowledge of the policies and procedures in place to guide practice and the legislation and standards. They conveyed positive and well informed attitudes to the care of people with disabilities and described how they respected and promoted residents rights. They described encouraging residents to have normal life styles, be independent, use public transport, visit families and generally to have active involved lifestyles in the house and in the local area.

The inspectors viewed a sample of three staff files to determine that staff were recruited in accordance with the standards and legislation for staff working with vulnerable people. An action plan in the last report required that all the schedule 2 information should be available for staff employed. This action had been addressed. The files were found to be well organised and arranged in an accessible format so that the retrieval of the required documents was easy. All the information and documents specified in Schedule 2 of the regulations were available including explanations for gaps in the employment histories for some staff. Appropriate evidence of garda vetting was available.

Judgment:
Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that the records required by Schedule 3 and 4 of the Regulations were in place and maintained to a good standard as described throughout this report. Resident's files were found to be complete, well organised and were kept up to date by staff. There was a record of all referrals/appointments and resident's notes were updated following appointments with the outcome and any changes to be made. Daily records completed by staff were up to date and informative about the daily lives of residents, fire records and accident and incident records were up to date. There were good systems in place to ensure the privacy and confidentiality of records and personal

information. The person in charge and staff were aware of the requirement to retain records in accordance with the regulations and there was adequate storage space for documentation to be stored securely.

A directory of residents was maintained however the format for this required review so that the information for current residents was easily identifiable.

All the policies and procedures required by the regulations were available and had dates when they were introduced and when due for review. Some policies such as guidance for staff if a resident is missing, behaviour support and the use of restrictive procedures required review as the scheduled review date had expired. All documents required review to indicate the recently appointed provider representative for the organisation. There was confirmation that staff had read the policies and could convey a good understanding of policies that the inspectors discussed with them.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002678
Date of Inspection:	08 December 2015
Date of response:	25 February 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A separate record of all complaints should be maintained and the information recorded should describe the actions taken to resolve the issue and if the person who made the complaint is satisfied with the outcome.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:

The PIC will create and maintain a written record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Proposed Timescale: 01/04/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A person to oversee that complaints were managed appropriately had not been identified.

2. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:

The Regional Manager will be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints is maintained. He will review the record at least quarterly or as needed.

Proposed Timescale: 01/04/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some but not all residents had been issues with contracts of care as required by regulation 24.

3. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:

The PIC will identify which residents do not currently have a contract of care and will agree in writing, the terms on which those residents shall reside in the designated centre.

Proposed Timescale: 01/05/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some assessed needs and behaviours being addressed did not have a support plan to guide and direct the actions of staff.

4. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:

Key workers to include a formal review of daily notes, incident reports, health reports including GP visit notes and any other pertinent documentation when updating, writing or reviewing a residents support plans, in order to assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Proposed Timescale: 01/06/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some radiators in hallways were hot to touch and could present a burns hazard.

5. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:

The PIC to carry out a risk assessment for temperature regulation on house radiators.

Measures to address this risk to include resident education, staff review of the Risk Management Policies which include the measures and actions in place to control accidental injury to residents, visitors or staff.

Proposed Timescale: 31/03/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The system for complaints management including the information on the person nominated to oversee complaints was required.

6. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

The PIC will update the Statement of Purpose to include:

The PIC will maintain a written record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

The Regional Manager will be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints is maintained. He will review the record at least quarterly or as needed.

Proposed Timescale: 01/04/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some policies such as guidance for staff if a resident is missing, behaviour support and the use of restrictive procedures required review as the scheduled review date had expired.

All documents required review to indicate the recently appointed provider representative for the organisation.

7. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and,

where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

One staff will be designated the responsibility of ensuring that all policies issued centrally by RehabCare are kept up to date in the designated centre.

RehabCare will issue a Policy on Policies, detailing review date timeframes and procedures.

Proposed Timescale: 01/04/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The format of the directory of residents required review to describe the current resident group and the specified information in relation to them.

8. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Please state the actions you have taken or are planning to take:

The PIC will amend the directory of residents in line with paragraph (3) of Schedule 3 of the Health Act 2007 Regulations 2013 and insert a divider between current and past residents.

Proposed Timescale: 22/02/2016