



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

Name of designated centre:	Whitehills
Name of provider:	RehabCare
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	21 November 2018
Centre ID:	OSV-0002683
Fieldwork ID:	MON-0021722

About the designated centre

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

Whitehills is a designated centre which comprises of two houses and is registered to provide a residential service to six adults. This service is designed to provide a service to residents with a diagnosis of autism or Asperger syndrome and residents may also attend the services of the mental health team. Each resident had their own bedroom and were supported to attend their local community in line with their expressed wishes. Each resident also had the option to attend individual day services and some residents were also assisted to attend paid employment.

Residents were supported by care assistants and team leaders and a sleep-in arrangement was in place to support residents during night-time hours. The centre was located in a suburban area of a large city. Transport was provided by the centre and public transport links were also readily available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
21 November 2018	10:30hrs to 17:30hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with four residents on the day of inspection. Three of the residents spoke to the inspector at length and they all described their satisfaction with the service which was provided. Residents stated that they could complain to any staff member if they had an issue with the service provided. Some residents stated that they had paid employment and all residents stated that their independence was actively promoted in the centre. One other resident did not freely interact with the inspector but was obviously delighted to meet a staff member when they came on duty towards the end of the inspection. This resident appeared to enjoy the centre and was supported by staff members who could clearly communicate with them, in line with their individual needs.

A review of resident and family questionnaires also indicated a high level of satisfaction with the service which was provided.

Capacity and capability

Overall the inspector found that residents' received a good quality service in this designated centre. The staff team on duty on the day of inspection, which included team leaders, were found to have a very good understanding of the residents' care needs and they also interacted with residents in a warm and meaningful manner throughout the inspection. The provider and the person in charge had also ensured that the majority of actions from the last inspection had been implemented as described, with only one action not satisfactorily addressed.

The person in charge was supported by two team leaders which assisted in ensuring that a good quality and safe service was provided to all residents. All three individuals were found to have a good understanding of the resident's individual needs and of the service which was 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 also completed the six monthly announced audit which found some minor areas for improvement, which the person in charge and staff team had addressed. The annual review had also been completed following a consultation process with residents and their representatives.

Residents stated that they were supported to complain and could identify the person in charge as the person who would manage their complaint. A review of resident questionnaires also indicated that there was a high level of satisfaction with the complaints process in the centre. The inspector reviewed a sample of recent

complaints and found that these complaints were taken seriously by the provider and that considerable effort was made to bring about a prompt resolution for the complainant. However, although staff members indicated that residents would have been given feedback in terms of the outcome of their complaints, this was not clearly evident in the documented complaints which were reviewed.

Staff members who met with the inspector had a good understanding of the residents' care needs and meaningful interactions between residents and staff were observed throughout the inspection. The provider had ensured that care practices within the centre were maintained to a good standard by offering both mandatory and refresher training in areas such as safeguarding, fire safety and supporting residents with behaviours of concern. Staff were facilitated to raise concerns in regards to the service which was provided by attending both regular staff meetings and one-to-one sessions with team leaders or the person in charge. A review of the staff rota also indicated that residents' received continuity of care from staff members who were familiar to them.

The provider had applied to renew the registration of this centre and a complete application had been submitted within the required time lines to the chief inspector.

Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of this centre and a complete application had been submitted within the required timelines to the chief inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had a good understanding of the service and a good quality of care and support was offered to residents.

Judgment: Compliant

Regulation 15: Staffing

The person in charge and team leaders maintained an accurate rota which indicated that staffing arrangements were implemented to meet the personal and changing social needs of the residents. This rota also indicated that residents were supported by familiar staff members.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with training needs and were scheduled to attend regular staff meetings and one-to-one sessions with either the person in charge or individual team leaders.

Judgment: Compliant

Regulation 23: Governance and management

There was 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.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had contracts for the provision of services in place which were signed by the residents and clearly stated the services which would be provided and the fees which would be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose but some improvements were required to ensure that this document contained all prescribed information as set out in the regulations.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers in place on the day of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of information in the centre indicated that all notifications had been submitted as required. The person in charge also maintained a records of these notifications.

Judgment: Compliant

Regulation 34: Complaints procedure

There were two identified people to manage received complaints and residents stated that could freely complain if they so wished. However, although staff members indicated that residents would have been given feedback in terms of the outcome of their complaints, this was not clearly evident in the documented complaints which were reviewed.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider had implemented a policy in regards to the use of closed circuit television since the last inspection of this centre.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care which was provider to residents in this centre was maintained to a good standard. However, the quality of the environment in some areas of the designated centre required improvement to ensure the premises remained fit for its intended purpose

Residents' independence was promoted with some residents attending paid employment and visiting local amenities independently. Residents' wishes to attend day services was also respected as residents decided when they would like to attend these day services. Residents stated that they liked living in the centre and the interactions with staff were warm and caring throughout the inspection. Staff members had also supported residents to identify and realise goals which were purposeful, meaningful and enjoyable with significant work completed to assist one resident to visit a family member abroad.

Staff members were observed to communicate with residents in-line with their needs and preferences. There were comprehensive communication plans in place for those residents who required assistance and these plans indicated that the verbal communication skills of some residents had greatly increased over the last year which had a positive impact on their lives. This was also commented upon in a review of questionnaires in which a family member complemented the staff team in this area of care.

The centre consisted of two separate houses which were in close proximity to each other. Both houses were clean and each resident had their own bedroom. Some residents were happy to show the inspector their individual bedrooms which were of a good size and decorated to reflect each of their preferences. There were also ample communal areas in which residents could relax and receive visitors if they so wished. One of the houses required improvements in regards to kitchen units and worktops. The inspector also noted that the flooring in a communal area was damaged and worn. The person in charge had escalated these issues with the provider and planning was underway to modify the house and to also address these maintenance issues. However, there was an unpleasant odour present in a communal area at the time of inspection which was an on-going issue. The person in charge had interim cleaning arrangements in place to reduce this odour but these had little impact, furthermore, it was indicated that the flooring required replacement to address this issue but no further progress had been made. The inspector found that this situation did not lend itself to a pleasant living environment for residents.

There were some behavioural support plans in place to assist in the delivery of care to residents who required support in this area. Staff members who met with the inspector had detailed knowledge of the residents' behavioural need and could clearly account for the measures and actions which were implemented for these residents to make the designated centre a pleasant place to live. There was various information available in the form of behavioural support plans, protocols and risk assessments; however, this information failed to take account of all the positive and personalised measures which staff were taking to make residents' lives better. The inspector found that consistency of care could not be guaranteed without the on-going addition of this information to residents' personal plans.

Residents appeared to be relaxed and comfortable in their homes on the day of inspection. The inspector spoke with three residents who all stated that they felt safe in their home and would approach any staff member if they felt otherwise. A review of complaints indicated that there was a recent safeguarding issue in the centre.

This was recognised by the staff team and safeguarding procedures were implemented to ensure the safety of residents was maintained. A notification of this incident had been submitted to the chief inspector and the safeguarding plan which was implemented was regularly reviewed by the staff team. The response to this complaint indicated that the staff team were cognisant of safeguarding issues and that the provider had systems in place to ensure that safeguarding measures were effectively implemented.

Regulation 10: Communication

Residents were actively supported to communicate and improvements had been made in this area for a resident who required assistance to communicate.

Judgment: Compliant

Regulation 17: Premises

One house in the centre was well maintained; however, areas in the kitchen and the communal flooring in the other house required further maintenance and little progress had been made by the provider to address this issue.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The person in charge and team leaders maintained plans for the management of risk in the centre. The inspector found that the arrangements which were implemented ensured that the safety of residents was maintained to a good standard. A review of adverse events in the centre also indicated that the staff team and provider were responsive to any issues which had arisen prior to the inspection.

Judgment: Compliant

Regulation 27: Protection against infection

There was a cleaning regime in place and external cleaners had been sought to

assist in addressing an unpleasant odour which was present in a communal area. The staff team had also undertaken additional training in infection control and hand washing techniques.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire doors, emergency lighting and fire fighting equipment in place which was regularly serviced by competent professionals and reviewed by the staff team. There was an individual plan to support the evacuation of each resident and a review of fire drills indicated that all residents could be evacuated in a prompt manner. There were fire procedures on display; however, there was some confusion in regards to identifying the location of a fire in one of the houses should it occur.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had been assessed to manage their own medication and some residents, in-line with their individual wishes, were managing their own medications. A sample of medication administration sheets indicated that medications were administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which was reviewed on at least an annual basis. Residents were also supported to achieve personal goals that were supported by in-depth action plans, which were regularly updated.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was several forms of guidance available in the centre which supported the delivery of care to residents; however, this information failed to take account of all

the positive and personalised measures which staff were taking to make residents' lives better. The inspector found that consistency of care could not be guaranteed without the on-going addition of this information to residents' personal plans

Judgment: Substantially compliant

Regulation 8: Protection

There was one safeguarding plan in place which was regularly reviewed by the staff team. Residents also stated that they felt safe in the centre and could go to any staff member if they had a concern.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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 Whitehills OSV-0002683

Inspection ID: MON-0021722

Date of inspection: 21/11/2018

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 • Statement of Purpose was updated and submitted to HIQA on 5/12/18.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Background • All complaints are recorded on RehabCare’s online reporting system and the organisation’s policy guidelines are followed locally. The Complaints Policy and Procedure is discussed regularly in house meetings, including what to do if the complainant is not happy with the outcome of their complaint. The procedure is clearly outlined and advertised in the house and all residents have signed this document as evidence of their involvement in its discussion.</p> <p>Action The PIC and Team Leader have updated records and followed up with the person who</p>	

made the complaint to ensure they are happy with the resolution. This was completed on 29/11/2018. Going forward the PIC will ensure that residents are given feedback in terms of the outcome of their complaints and ensure that residents are satisfied same.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
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.

Actions

- PIC has contacted maintenance to remove floor and replace with non-porous floor covering, this work will be completed by 18/01/2019.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
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.

Actions
 Fire Company have identified each zoned area in the house, the plan beside fire panel has been updated to reflect same. This was completed on 5/12/18.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Background

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.

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.

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.

Actions

- One page document has been added to the front of the resident's Behaviour Support Plan. This provides a quick reference to guide staff practice in order for them to provide positive and personalised measures for service user after incident. This was completed 29/11/2018.
- Individual risk assessment has been updated. Additional supports required by resident in the event of an incident are now identified on the risk assessment. This was completed 29/11/2018.
- Positive risk assessment has been put in place for resident to support if they are going out in the community alone. This was completed 29/11/2018.
- PIC is currently scheduling a meeting of one resident's MDT to take place before 31/01/2019 to review the resident's overall supports. PIC has contacted Psychiatric services and Psychologist to agree a date.
- Residents support needs and updates on plans and risk assessment was discussed Staff meeting 5/12/2018

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	18/01/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	05/12/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Substantially Compliant	Yellow	06/12/2018

	purpose containing the information set out in Schedule 1.			
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	29/11/2018
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/01/2019