

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Shalom
Centre ID:	OSV-0003639
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Grainne Fogarty
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

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: 19 September 2017 10:00 To: 19 September 2017 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection:

This was an announced inspection to inform a registration decision after an application was received by the Health Information and Quality Authority (HIQA) from Rehab Care (the provider).

The centre was previously inspected in April 2016 where good levels of compliance were found across most outcomes assessed. In that inspection Risk Management was found to have a moderate non compliance however, the centre had addressed the issues by the time of this inspection.

Of the ten outcomes assessed as part of this inspection six were found to be compliant, and four were found to be substantially complaint.

It was observed that residents were very content in their home, feedback from both residents and family members was very positive, staff supported the residents in a warm and caring manner and the quality and safety of care was being appropriately monitored.

How we gathered our evidence:

The inspector met and spoke with three staff members with one of them being interviewed about the service provided to residents. They were found to be knowledgeable of the needs of the residents and their care plans. The person in charge and the team leader were also spoken with at length over the course of this inspection.

The inspector also met with all five of the residents and had the opportunity to chat directly with one of them for some time. Residents reported that they were very happy living in the house and showed the inspector some of their art work and pictures.

One resident showed the inspector their room and it was observed that it was decorated to the resident's personal choice, with pictures of their favourite football and Gaelic teams displayed on their wall.

Feedback from family members (via questionnaires) was extremely positive with comments including 'staff do an excellent job', this is an excellent house', we are very happy with the care provided, the residents are very well cared for' and 'the staff are really lovely and kind to the residents'.

A sample of documentation was also viewed such as health and personal plans, safeguarding plans, minutes of residents meetings, audits and risk assessments.

Description of the Service

The centre was a six bedroom two storey house providing accommodation to five residents. It was found to be spacious, bright, clean and homely on the day of the inspection. It was in close proximity to a nearby large town and transport was provided so as residents could access amenities such as shops, hotels, pubs, cafes, health clubs and restaurants.

There was also a separate summer house available to the residents in the back garden.

The house was very much decorated to the likes and preferences of the residents and their art work and wood work were on display in various rooms.

Overall Findings

Of the ten outcomes assessed six were found to be compliant including Healthcare Needs, Social Care Needs, Risk Management and Safeguarding. Four outcomes were found to be substantially complaint which were Residents Rights, Medication Management, Governance and Management and Workforce.

Overall it was found that the quality of care being provided to the residents was to a good standard and residents appeared very happy living in the centre. Family

members also spoke very highly of management, staff and of the quality and safety of care provided to the residents.

This was further discussed in the main body of the report and in the action plan at the end.

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:

Overall the inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents were promoted and residents' individual choice was supported and encouraged. However, while it was observed that a system of advocacy was in place and available to the residents, it wasn't independent of the service.

The inspector observed that policies and procedures were in place to promote and ensure residents were consulted with, and participated in decisions about their care and about the organisation of the centre. Residents were supported to hold weekly meetings to discuss any issues in the house, plan weekly menus and decide on what social activities to partake in.

The inspector viewed a sample of the minutes of these meetings and found that residents made choices about what outings to organise and to participate in, planned weekly menus and discussed any housekeeping issues in the centre if relevant.

A complaints policy was available in the centre and the complaints procedures were displayed on the notice board (and an easy to read version was also available to residents). A dedicated logging system for recording complaints was also available in the centre. The inspector observed complaints were being logged, recorded, and responded to accordingly.

However, complaints were few and far between and feedback from some family members reported that they have never had to make a complaint about any aspect of the service. It was observed that one complaint (at the time of this inspection) was in

progress and the inspector noted that the person in charge was managing this issue.

The inspector spoke with all of the residents during this inspection. All residents spoken with said they were very happy living in the centre. Each resident had an easy to read version of the Assisted Decision Making (Capacity) Act 2015 on their file and information was publically available in the centre on how to contact the Confidential Recipient.

The inspector viewed a small sample of residents' personal finances. All residents had a financial assessment in place which informed the inspector that where required, staff support in managing their personal finances was provided. From the sample viewed, it was observed that all monies could be accounted for and there were robust systems in place to ensure the safeguarding of residents finances.

Whole access to advocacy services and information about resident rights formed part of the support services made available to each resident, the inspector observed that there was no arrangements in place for access to an independent external advocate. At the time of this inspection one resident was being supported by an internal advocate regarding a personal matter.

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:

Overall the inspector found that the social care needs of each resident was being supported and facilitated in the centre. Daily activities and social care goals were found to be meaningful and supported the residents to have valued social roles in the community.

The inspector found that the care and support provided to the residents was to a good standard and from a sample of files viewed, each resident had comprehensive needs assessment plan in place (to include personal, health and social care plans). Circle of

support meetings were also facilitated and attended the residents, family members and members of the staff team.

Plans were informative of each resident's likes, dislikes and interests and provided key information related to the resident to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives.

The plans identified social goals that were important to each resident and from a small sample viewed by the inspector, it was observed that goal were being documented and a plan of action in place to support their achievement.

For example, one resident as part of their personal plan wished to go to London on holiday, a vintage car show, a musical festival and a pop concert in Dublin. All of these goals had been achieved and the inspector saw photographs of the residents trips and holidays in their personal plan..

Other goals for another resident included a holiday break and participating in art therapy sessions. Both of these goals had been achieved and the resident showed the inspector their pictures of their holiday and some of their art work.

This resident also won a trophy for 'Supporter of the Year' for their support of the local football team. The inspector saw pictures of this special occasion and the resident was delighted to show the inspector their trophy.

Residents also attended a range of various day services where they had the option to engage in activities such as exercise programmes, art classes, basketball, swimming and poetry. Residents' religious beliefs were also supported and where requested residents were supported to attend church.

Staff of the centre also supported residents to frequent local amenities such as pubs, shops, cinema, swimming pools and restaurants. Some residents were also well known in the local town.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a safe, comfortable and homely way.

The centre comprised of a large detached, six bedroom house in Co. Tipperary and was in close proximity to a large nearby town where residents had access to a range of community based facilities such as shopping centres, shops, restaurants, hotels, pubs, leisure centres and cinema.

Accommodation comprised of six single occupancy bedrooms, all of which had shared en-suite facilities. However, each resident's privacy was protected as there were locking systems in place (that residents could easily use) to ensure their dignity and respect when using the ensuite facilities. There was also large well equipped communal bathroom available to residents on the ground floor.

There was a small separate utility room, a large well equipped kitchen inclusive of a spacious dining area, a separate second spacious kitchen/dining/TV room and a large tastefully decorated sitting room.

The centre was warm, well ventilated, had adequate lighting and found to be clean on the day of the inspection. Bedrooms were personalised to residents' individual taste and there was ample storage space available throughout the centre.

Additional furnishings and decorations were provided for at the request of residents. For example, some residents had their own armchairs for watching TV and relaxing in.

The house also had well maintained gardens to the back, side and front with adequate on street parking space available. Garden furniture was available to residents to use if so desired and there were raised flower beds so as residents who used wheelchairs could access them. It was also observed that there were adequate arrangements in place for the disposal of waste.

The centre also had a summer house in the back garden for residents to use if they so wished.

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 inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and protected and adequate systems were in place for the management of risk in the centre. The issues identified in the previous inspection in April 2016 had also been addressed satisfactorily.

The inspector observed that there was a Health and Safety Statement in place which made explicit reference to the duties of both management and staff regarding the overall health and safety requirements of the centre.

There were also policies and procedures available on risk management and the centre had a risk register in place which was made available to the inspector on the day of inspection. The inspector was satisfied that where a risk was identified it was appropriately addressed and actions put in place to mitigate it.

For example, a resident had a minor fall in the bathroom recently. The inspector observed that this incident was documented and the resident's risk assessment was updated to reflect the further support provided to mitigate the risk of a reoccurrence.

The centre had systems in place to respond to and learn from any adverse incidents occurring however, it was observed that few adverse incidents occurred in the centre.

There were systems in place to identify any hazards in the centre and to address them once identified. Staff did monthly checks on all equipment in the centre (including electrical equipment) to ensure everything was in good working order.

These checks were found to be effective as recently an issue was identified with the hoist and the inspector observed that the issue had been addressed by the time of this inspection.

The inspector also found that a fire register had been compiled for the centre which was up to date. Fire equipment such as a fire alarm, fire blankets and fire extinguishers were installed and had been serviced by a consultancy company in August 2017.

There was also emergency lighting, smoke detectors and fire doors installed.

Documentation read by the inspector informed that staff did daily checks on escape routes and fire alarm panel and emergency lighting. Weekly checks were also carried out on manual call points, smoke detectors and emergency lighting. The fire doors and fire extinguishers were checked monthly.

Fire drills were carried out regularly and all residents had individual personal emergency evacuation plan in place. A recent fire drill informed that there were issues regarding the evacuation of one resident however, their personal evacuation emergency plans had been updated to take this into account.

The inspector also observed that there was an emergency response plan in place to provide support, guidance and procedures on what to do in the event of an adverse incident should it occur.

It was observed that there was adequate hand sanitizing gels and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a sample of files viewed, all staff had the required training in fire safety. A gap was identified in refresher training for first aid and manual handling however, it was observed that a date had been identified for this training to be facilitated. This was further discussed in Outcome 17: Workforce.

Judgment:

Compliant

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:

The inspector found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre and the issue found on the previous inspection with regard to restrictive practices had been addressed.

There was a policy on and procedures in place for the safeguarding of residents and of the staff spoken with during inspection, they were able to demonstrate their knowledge of this policy, how to manage an allegation or concern and all corresponding reporting procedures. They were also able to identify who the designated person was for the centre.

It was observed that there was a safeguarding issue reported in this centre in March 2017. However, the inspector observed that it had been reported accordingly, recorded and addressed with the involvement of all relevant personnel. Staff were very aware of the issue and how to respond to it should it occur.

There was also a preliminary screening completed for this incident as well as a comprehensive safeguarding plan. The inspector observed that there had been no further concerns reported on this issue since the safeguarding plan was put in place.

There was also written procedures in place for the provision of personal intimate care in each resident's personal plan. Personal intimate care guidelines were informative on how best to support each resident while at the same time supporting their independence and maintaining their dignity, privacy and respect.

There was a policy in place for the provision of positive behavioural support and all staff were trained in the promotion of positive behaviour that including de-escalation, proactive and reactive interventions. Of the staff spoken with by the inspector, they were able to verbalise their knowledge of the residents' behaviour management guidelines.

There was also a policy on the use of restrictive practices in the centre. It was observed that there were some restrictive practices in place. However, where a restriction was used it was only used to support a resident stay safe. (And at the request of the resident)

It was also observed that restrictive practices were regularly reviewed and a 'Planned Restrictive Practices Authority Request' was submitted to the organisation prior to any restriction being put in place.

There was a policy in place with regard to a resident going missing however, the team leader reported to the inspector that this had never been an issue in the house.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there were arrangements in place to ensure that resident's healthcare needs were supported and regularly reviewed with appropriate input from allied healthcare professionals as and when required.

The person in charge and team leader informed the inspector that arrangements were in place for residents to have access to a GP and a range of allied healthcare services as and when required.

From a sample of files viewed, the inspector observed that residents had access to a GP, and a range of other allied healthcare professionals.

For example, appointments with dentists, speech and language therapists, occupational therapists, chiropodists and opticians, were arranged and facilitated annually or sooner if required. Routine hospital appointments were also provided for.

Where or if required, positive mental health was also provided for. In this instance residents had access to psychiatry supports and it was observed that staff working in the centre had recently been provided with information on mental health by an external mental health service.

The inspector also observed that at the residents request reflexology sessions were supported and facilitated.

Each resident as part of their care plan had a needs assessment completed annually. Of the staff spoken with they were able to demonstrate their knowledge of these assessments.

The inspector observed that residents were supported to eat healthily and make healthy choices with regard to meals and diet.

It was also observed that physical exercise programmes were supported and encouraged and as part of the personal plans residents were supported to engage in physical activities such as walking and swimming.

The inspector also found that arrangements were in place to meet the residents' nutritional needs and it was also found that mealtimes were a social and relaxed occasion where staff and residents dined and chatted together.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

The inspector found that while the practices in place to administer medication were safe the medicines management policy and protocols for the usage of p.r.n medicines required review. It was also observed that the issue identified in the previous inspection had been addressed.

The medicines management policy in place in the centre had been recently reviewed and updated in the centre. However, on reading the policy the inspector observed that more information was required to guide staff on how to manage a medication error should one occur.

The protocols in place regarding the use of p.r.n. medicine also required review as the information to guide staff on when to administer p.r.n. was insufficient.

That said, of the staff the inspector spoke with, they were knowledgeable on how to manage a medication error should one occur and when to administer p.r.n. medicines.

It was observed that there were no recent drug errors on file in the centre. However, a minor drug error was made when a residents family member was visiting in the centre. The centre responded by recording this as an adverse incident and sought support and advice from the resident's GP.

A locked drug press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre.

Medications were routinely audited in the centre and from viewing a sample of these audits, the inspector observed that all medications in use could be accounted for at all times.

It was also observed that any staff member administering medications were appropriately trained to do so.

Judgment:

Substantially 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 inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that was being provided in the centre and the person in charge informed the inspector that it would be kept under regular review.

The statement of purpose was also available to residents in a format that was accessible to them.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. However, the system of monitoring and auditing the service required review.

The centre was being managed by a suitably qualified, skilled and experienced person in charge who was being supported in her role by an experienced and qualified person participating in management (House Team Leader). Both were qualified professionals with significant experience of working in and managing services for people with disabilities.

From speaking with the person in charge and the team leader it was evident that they

had an in-depth knowledge of the individual needs and supports of the resident who lived in the centre.

They demonstrated throughout the inspection process that they were also aware of their statutory obligations and responsibilities with regard to the role of person in charge and person participating in management of the centre and to their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector also found that appropriate management systems were in place for the absence of the person in charge. A qualified person participating in management supported the person in charge and there was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

The person in charge and house team leader was also supported in their roles by the Regional Operational Officer (who was the Provider Nominee) and the Integrated Services Manager.

There were systems in place for the monitoring and auditing of the quality and safety of care provided to the residents. There was also an annual review completed for the centre. The inspector observed that actions were arising from these audits however, it was demonstrated that issues requiring action had been completed within a reasonable timeframe.

For example, a recent audit identified an issue regarding a complaint about the service. There was no information available to inform the inspector if this had been addressed.

Another audit identified that all risk assessments required review and this was actioned accordingly. Again there was no information readily available to inform the inspector if this issue had been addressed. However, in this instance (although not recorded) the inspector observed from another set of documentation that this action had been indeed addressed.

Judgment:

Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents living in the centre. However some gaps were identified in refresher staff training for First Aid and manual handling.

There was a team of support care workers providing support to the residents living in the centre. From a sample of files viewed, some staff had third level qualifications and all had attended a suite of in-service training and development programmes. For example staff had training in fire safety, safe administration of medication, food safety and safeguarding.

It was observed that there were some gaps in refresher training for first aid and manual handling however, there were dates identified and arranged for this training to be facilitated to those staff that required it.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a small sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspector observed that residents received assistance in a dignified, timely and respectful manner. From observing staff it was evident that they were competent to deliver the care and support required by the residents.

Feedback from family members was extremely complimentary about all staff working in the centre with comments including 'staff do an excellent job', this is an excellent house', we are very happy with the care provided, the residents are very well cared for' and 'the staff are really lovely and kind to the residents'.

The team leader met with her staff team on a regular basis in order to support them in their roles. A sample of supervision notes were viewed by the inspector. It was found that the supervision process was adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

It was observed that the majority of staff training was up to date however, as stated above there were a few gaps identified regarding refresher training in first aid and manual handling.

Judgment:

Substantially Compliant

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:

Raymond Lynch
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-0003639
Date of Inspection:	19 September 2017
Date of response:	05 October 2017

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:

While it was observed that residents had access to advocacy services, these services were not independent of the service.

1. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access

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

to advocacy services and information about his or her rights.

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

- Information on Advocacy services available will be displayed in the service. This information will be made available to the service users in easy read format and discussed at service users house meeting.
- Independent advocate for the area will be invited to the service to meet with the service users.

Proposed Timescale: 20/10/2017

Outcome 12. Medication Management

Theme: Health and Development

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

While no recent drug errors had been reported in the centre, the information guiding the use of p.r.n. medication and what to do in the event of a drug error required review. More information was required to ensure that medicines that are prescribed are administered as prescribed to the resident for whom they are prescribed and to no other resident.

2. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- Local Medication Procedure updated on the 27-09-2017 giving guidance to staff on how to manage a medication error should one occur.
- Individual Medication Management Plans and PRN Protocols for each service user will be reviewed and updated to give additional guidance to staff on when to administer PRN medications by 20-10-2017.

Proposed Timescale: 20/10/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

While the service was found to be safe and appropriate to residents' needs the systems

in place for monitoring and auditing the centre and addressing actions arising from the monitoring process required review.

3. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The PIC will ensure that action plans arising from internal reviews are updated to provide details on what corrective actions have been taken indicate the date of completion.

Proposed Timescale: 20/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

It was observed that there were some gaps in refresher training for first aid and manual handling

4. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

- Two staff scheduled to complete manual handling training on the 20-10-2017, one staff scheduled to complete first aid refresher training on the 14-11-2017.
- Staff training requirements will be reviewed in conjunction with the training department and training plan for 2108 will be developed by 6-11-2017.

Proposed Timescale: 14/11/2017

