

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by RehabCare
<b>Centre ID:</b>	OSV-0002643
<b>Centre county:</b>	Kilkenny
<b>Email address:</b>	siobhan.powell@rehab.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	RehabCare
<b>Provider Nominee:</b>	Laura Keane
<b>Lead inspector:</b>	Louisa Power
<b>Support inspector(s):</b>	Caroline Connelly;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	15
<b>Number of vacancies on the date of inspection:</b>	1

## **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 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 23 July 2014 10:30 To: 23 July 2014 19:05

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This report sets out the findings of an announced one day monitoring inspection. Inspectors met with residents, staff members and the person in charge. Inspectors examined documentation which covered issues such as policies, procedures, medication management, accidents and incidents management, complaints and emergency plan. The person in charge informed inspectors that she endeavoured to provide a person-centred service to effectively meet the needs of residents.

Overall, inspectors found that residents received a good quality service and residents' independence was promoted and encouraged. Inspectors observed good practice in a number of areas. A good rapport between residents and staff was evident throughout the inspection and staff supported residents in a respectful and dignified manner. The limited support to residents was delivered with a person centred approach, individualised to the needs of each resident.

A number of improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The required improvements are

set out in detail in the action plan at the end of this report and include:

- Risk management
- staff training
- policies and procedures
- maintenance of premises.

**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 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):**

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

**Findings:**

Residents with whom inspectors spoke stated that they felt safe and spoke positively about their care and the consideration they received. Due to the admission criteria for the centre, residents were independent in many day to day activities, including personal care, and only needed a low level support from staff. Residents described the staff as being readily available to them if they had any concerns. Inspectors observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing support. Residents' privacy within their living environment was respected by all staff and the inspectors noted staff ringing doorbells and not routinely entering apartments without permission from the residents.

Inspectors observed that residents and their representatives were actively involved in the centre. Residents' meetings were held in each apartment on a monthly basis facilitated by a support worker and items discussed included cleaning rota, holidays, new staff and general maintenance. Meetings between key workers and individual residents take place on a monthly basis. Residents participate in a satisfaction survey. Inspectors noted that feedback from consultation informs practice such as changes to the cleaning rota or activity schedule.

The person in charge informed inspectors that she monitored safe-guarding practices by meeting residents informally on a daily basis and more formally twice a year. She regularly reviewed the systems in place to ensure safe and respectful care. Inspectors observed staff endeavouring to provide residents with as much choice and control as possible by facilitating residents' individual preferences. For example, in relation to their daily routine, meals, supporting residents in personalising their bedrooms and their choice of activities.

Some residents attended activities off site while others participated in activities at the central activity centre which was also located within the complex. Inspectors observed that there was a good level of activity in the evenings and at weekends with residents choosing to participate in activities in the community or spending time with family and friends. Residents to whom inspectors spoke stated that they were happy and enjoyed living in the centre. Individual residents engaged in their own specific activities outside of the centre such as attending concerts, martial arts, evening classes and sporting events.

Inspectors noted that residents had been supported to access a formal advocacy service. Information about this service was seen to be in an accessible format and made available to residents.

The complaints policy made available to the inspectors had been reviewed in April 2011 and included an independent appeals process. The policy was not centre-specific and outlined a number of possible pathways open to residents to make a complaint but lacked a clear procedure for residents to follow. The policy did not identify the complaints officer and a person, independent of the complaints officer, to ensure that complaints were appropriately responded to and all records are maintained. The person in charge stated that she dealt with any complaints as soon as possible and felt that residents were happy with the service they received. Residents with whom inspectors spoke with confirmed that any complaints they might have were dealt with satisfactorily. Inspectors viewed the electronic complaints' log and noted that the nature of the complaint, any action taken, the outcome and complainant's satisfaction level were recorded.

Residents were supported in having private contact with friends, family and significant others with due regard for any safeguarding issues. Many residents had a mobile phone and access to the internet. Each apartment had a designated mail box and inspectors observed that personal communications, including letters and telephone calls, were respected.

Inspectors noted that residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions. Training and support was provided to residents to manage their own finances and laundry. Residents had easy access to personal monies and control over their own financial affairs. Inspectors spoke with residents who demonstrated a clear understanding of how to manage their money safely and effectively.

Residents are facilitated to exercise their civil, political and religious rights. Inspectors noted that residents were supported to vote and attend religious services in line with their wishes.

**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):**

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

**Findings:**

There was a requirement that residents are independent in their activities of daily living such as walking, washing, administering medication, dressing and eating. Given the criteria for admission, a comprehensive pre-admission assessment was completed for each resident which included an assessment of needs in relation to activities of daily living, hygiene, medication, transport and community skills.

The person in charge informed the inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to staff and other residents prior to admission. Prospective residents were offered the opportunity of a tailored phased transition to full time residence. There was evidence that transfers to and from the centre were planned and person-centred. Residents' admissions were seen to be in line with the criteria included in the statement of purpose.

The inspectors were informed by the person in charge that consideration was always given to ensure that the needs of the resident being admitted were considered along with the needs of other residents currently living in the centre. The person in charge outlined how their pre-admission processes and the subsequent phased introduction to the service; assisted in ensuring the appropriateness and suitability of any prospective resident in the context of the existing resident population.

The inspectors noted that there was an admission policy dated September 2010. This detailed pre-admission arrangements and the admissions process. This policy did provide suitable arrangements for each prospective resident and his or her family or representative to be provided with an opportunity to visit the centre, as far was reasonably practicable; before admission of the prospective resident. However, this policy was not adequate as it did not take into account the need to protect residents from abuse from their peers.

The inspectors noted that written agreements with residents and their representatives which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided for that resident had been provided to each resident. The fees and additional charges were included in these agreements. A tenancy handbook had been supplied to each resident which laid out the rights and responsibilities of the resident and the service provider in an accessible format.

**Judgment:**

Non Compliant - Minor

**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):**

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

**Findings:**

Inspectors were informed by residents and staff that there were a number of options available for all residents in relation to activities and work. A number of residents participated in paid and voluntary work in the local community. Meaningful activities were provided for residents during the day including life skills training, literacy, numeracy, information technology and sign language classes. Inspectors noted that residents were involved in the day to day running of their homes including cleaning, shopping and cooking for each meal within each house.

Residents to whom inspectors spoke stated that they enjoyed going out and socialising in the evenings. Some residents also outlined how they enjoyed relaxing in their home, watching television or listening to music.

Inspectors reviewed a selection of personal plans which were person centred and comprehensive. Inspectors noted that they identified individual pathway plans in relation to residents' identified needs including supports, education and employment, any medical issues and strategies agreed with residents' involvement in order to reach these stated goals. There were identified key workers responsible for pursuing objectives in conjunction with individual residents. Residents with whom the inspectors spoke confirmed they had been offered a copy of their plan, demonstrated knowledge and understanding of what was contained in the files and were clear on their goals and outcomes. Residents met with their key worker to update and review the plan on a monthly basis. A formal review meeting took place on an annual basis attended by the resident, resident's representatives, key worker, person in charge and members of the multidisciplinary team such as psychology. The formal review assessed the effectiveness of the plan and took into account any changes in residents' circumstances, outcomes achieved and named those responsible for pursuing objectives in the plan within agreed time scales. Inspectors saw that personal plans were reviewed annually or more frequently if there is a change in needs or circumstance.

Inspectors saw evidence that residents were supported when moving between services and transfers were planned with supports put in place when appropriate. There was evidence that residents were consulted when transferring between services.

**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):**

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

**Findings:**

The centre consisted of six apartments over two floors. All premises were easily accessible, bright, well ventilated and decorated to an adequate standard. The premises were homely and met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. Inspectors noted that the décor, design and layout were compatible with the aims of the statement of purpose. A spacious roof terrace was available for residents which afforded views of Kilkenny. The premises generally appeared clean and well-maintained. However, the inspectors noted damage to the ceiling, loose threshold saddle and peeling paintwork and chrome which required attention.

There were adequate showers and toilets with assistive structures in place to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Laundry facilities were available in the basement. Residents showed inspectors their rooms, stated that they were happy with the living arrangements and all had personalised their rooms with photographs of family and friends and personal memorabilia. Inspectors noted that apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a number of communal sitting rooms available. Assistive equipment for use by residents or people who worked in the centre, including pagers, were sufficient in number, in good working order and records were up-to-date for servicing of such equipment.

Records confirmed that suitable arrangements were in place for the safe disposal of waste.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

There was a health and safety statement in place dated December 2012 which outlined general aims and objectives in relation to health and safety. The health and safety statement was augmented by a risk management policy which outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific and individualised risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risk management policy was seen to be kept under continual review. The inspectors noted that the control measures outlined in the risk assessments were implemented in practice and were proportional to the risk identified. Any adverse impact that the control measures may have on a resident's quality of life had been considered, discussed and documented. The risk management did not include the measures and actions in place to control unexplained absence of a resident. Inspectors noted that some risks in the centre had not been identified in the risk management policy including a trip hazard on entering the balcony areas and roof terrace and an entrapment hazard in relation to the closure on the door to the roof terrace.

The inspectors saw that there was an emergency plan in place and covered events such as power outage and water shortage. Staff outlined to the inspectors the procedure to be followed in the event of an emergency. A generator was installed and was serviced regularly, most recently in July 2014.

The inspectors saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating accidents. Learning from incidents were identified and implemented. The person in charge participated in a monthly national conference call with the health and safety manager to discuss incidents and identify actions. The recommendations were seen to be disseminated to staff.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. The training matrix confirmed that not all staff employed had received refresher training in fire safety. Staff and residents demonstrated good knowledge on the procedure to follow in

event of a fire. The fire alarm is serviced on a quarterly basis, most recently in April 2014. Fire safety equipment is serviced on an annual basis, most recently in September 2013. Emergency lighting was tested most recently in June 2014. Staff and residents participate in quarterly fire drills, most recently in June 2014, and comprehensive records were maintained. There were arrangements in place for regular checks of fire precautions.

A personal emergency evacuation plan (PEEP) was seen to have been developed for residents. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident.

Inspectors noted that a designated smoking area was provided for residents. Individualised risk assessments were completed for residents who smoked but inspectors noted that inadequate controls were in place to protect residents as the risk assessment did not indicate how the alarm would be raised and fire fighting equipment was not available.

Residents were promoted to maintain their independence when mobilising. Inspectors saw and staff reported that residents did not have routine manual handling requirements.

The lift was maintained, serviced annually and used appropriately.

The majority of the apartments were visually clean. The person in charge and staff informed inspectors that the residents were supported to undertake the cleaning duties. However, the inspectors identified that cleaning practices in some areas require review to reduce risk of cross contamination. Policies were in place on the management, prevention and control of infection and effective hand washing. Hand sanitisers were located conveniently throughout the centre and staff and residents were observed to be vigilant in their use.

Residents were supported to use public transport and the centre did not use any vehicles for the transportation of residents.

**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):**

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

**Findings:**

Inspectors noted that the provider and person in charge had taken measures to protect residents from being harmed and from suffering abuse. The person in charge and all the staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse in the centre. The inspectors reviewed the centre-specific policy on the prevention, detection and response to abuse, dated January 2013. The policy clearly outlined the procedures to record and investigate incidents in line with national guidance and legislation.

Staff confirmed their understanding of the features of adult abuse, their reporting obligations and how they might deal with a suspected incident of abuse. However, training records reviewed indicated that a number of staff had not attended education and training on the protection of vulnerable adults.

Throughout the inspection, inspectors saw that the staff took time to engage with the residents and the residents were relaxed in the company of the staff. Inspectors noted that discussions on the importance of personal safety were included in the minutes of the apartment meetings. Residents with whom the inspectors spoke stated that they feel safe living in the centre, were aware of their personal safety and knew what to do in the event they experience abuse.

From a selection of personal plans viewed, inspectors noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. Staff with whom inspectors spoke confirmed that they had received suitable training and had 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. Inspectors saw that comprehensive behaviour management plans and guidelines had been devised and implemented. The inspectors noted that centre specific policy in relation to restrictive practices would guide their use in line with evidence based practice but restrictive practices were not in use at the time of the inspection.

Due to the admission criteria, residents did not require support with personal intimate care. The inspectors reviewed the centre-specific policy which outlined the measures that would be taken to provide personal intimate care in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

Residents' individual health needs were limited but inspectors observed that there was appropriate and comprehensive assessment undertaken prior to admission and on annual basis. Inspectors observed that there were appropriate arrangements in place to meet the assessed needs of the residents. Residents with whom the inspectors spoke reported that they were supported to attend the GP of their choice or the "out of hours" GP independently. In line with their needs, residents had ongoing access to allied healthcare professionals including dental, dietetics, chiropody, psychology and psychiatry. Records were maintained of all referrals and appointments.

Inspectors observed that residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control, healthy eating and smoking cessation.

Residents with whom the inspectors spoke outlined how they were supported to plan and shop for their meals. Inspectors noted that residents were supported, if needed, in preparing and cooking their own food and that there was adequate provision for residents to store food in hygienic conditions. Residents with whom inspectors spoke stated that they enjoyed preparing their meals independently and described weekly meal plans that were healthy, nutritious and varied. Residents showed inspectors that they had adequate quantities of food and drink available as well as a selection of healthy snacks.

**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):**

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

**Findings:**

Residents with whom inspectors spoke with confirmed that they had access to the pharmacist of their choice and were supported to personally attend their pharmacy. There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines which was dated February 2012.

All residents were self-administering their medicines aided by a monitored dosing system if required. Inspector found that systems supporting the safe management of self-administration of medications were sufficiently robust to ensure safe practice. An explicit formal assessment establishing the residents' willingness and capacity to self-administer their medication prior to admission was made available to the inspectors. Inspector saw that this assessment was reviewed annually or more frequently if changes occurred. Residents showed inspectors that medications were stored securely in their bedrooms. However, the inspectors noted that medications were not always stored securely. Residents reported that they would return all unused or expired medications to their pharmacy for disposal.

**Judgment:**

Non Compliant - Minor

**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):**

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

**Findings:**

There was a full-time person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. Inspectors were satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge. Inspectors were satisfied that the person in charge provided effective governance, operational management and administration of this centre. Inspectors noted that there was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision.

Inspectors noted that residents were familiar with the person in charge and approached

her with issues during the inspection. Staff with whom inspectors spoke were clear about the role of the person in charge and who to report to within the organisational line management structures in the centre. The person in charge attended and facilitated regular meetings with residents and their representatives which assisted her in keeping up-to-date in relation to residents' needs. Throughout the inspection the person in charge demonstrated an adequate knowledge of the regulations. Inspectors also noted that the person in charge demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care.

The person in charge undertakes a review of the safety and quality of care and support in the centre. The actions generated from the review were seen to be implemented. The regional manager visited the centre in April 2014 and prepared a written report on the safety and quality of care and support provided. A written plan was made available to the inspectors to address any actions identified.

**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):**

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

**Findings:**

There was a planned and actual staff roster in place which showed the staff on duty during the day and night and was properly maintained. Based on observations, a review of the roster and these inspection findings, inspectors were satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. Inspectors observed that residents were familiar with staff, were informed of the roster in advance and received continuity of care and support.

A sample of staff files was reviewed and contained all of the required documents required by schedule 2 of the Regulations. There was evidence of effective recruitment procedures and a comprehensive induction procedure.

Staff with whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations

and the standards had been made available to them. Inspectors noted that accessible copies of the standards were available in residents' apartments and staff spoken with demonstrated adequate knowledge of the regulations and standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. Further education and training completed by staff included food safety, first aid, risk management, epilepsy awareness and mental health. However, a number of staff had not completed training in manual handling.

The inspectors noted that monthly staff meetings took place and topics discussed include incident reporting, risk management, changes to rosters and general maintenance. Staff were supervised appropriate to their role and a formal appraisal system had been implemented. The person in charge formally met with each staff member every four to six weeks.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

Only the component in relation to policies and procedures listed under Schedule 5 were considered as part of this inspection.

Some of the policies, procedures and guidelines to inform best practice made available to the inspectors had not been reviewed in the previous three years including the policies in relation to admission, complaints and recruitment and selection of staff. The policy in relation to residents' personal possessions was in draft. The policy in relation to complaints was not centre specific.

**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:***

Louisa Power  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by RehabCare
<b>Centre ID:</b>	OSV-0002643
<b>Date of Inspection:</b>	23 July 2014
<b>Date of response:</b>	15 September 2014

### 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

#### 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:**

The complaints policy outlined a number of possible pathways open to residents to make a complaint but lacked a clear procedure for residents to follow.

**Action Required:**

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

Policy to include a clear procedure for all residents in the particular centre

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

**Proposed Timescale:** 28/08/2014

**Theme:** Individualised Supports and Care

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

The complaints policy did not identify the complaints officer.

**Action Required:**

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

Policy to include name of the complaints officer for the centre

**Proposed Timescale:** 28/08/2014

**Theme:** Individualised Supports and Care

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

The complaints policy did not identify a person, independent of the complaints officer, to ensure that complaints were appropriately responded to and all records are maintained.

**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:**

Identify an appropriate person, specific to the centre to ensure that responses and records of all complaints are maintained.

**Proposed Timescale:** 28/08/2014

#### **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:**

The admissions policy did not take into account the need to protect residents from abuse from their peers.

**Action Required:**

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

Policy to include evidence of protection of service users throughout the admissions process

**Proposed Timescale:** 01/09/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Damage to the ceiling, loose threshold saddle and peeling paintwork and chrome required attention.

**Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Damage to Ceiling – To be repaired  
Loose Threshold – To be repaired  
Peeling Paintwork and Chrome – To be repaired

**Proposed Timescale:** 30/09/2014

**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:**

Inspectors noted that some risks in the centre had not been identified in the risk management policy including a trip hazard on entering the balcony areas and roof terrace and an entrapment hazard in relation to the closure on the door to the roof terrace

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**  
Adaptions or replacements to be made to the door onto the balcony area in Apartment.  
Adaptions or replacements to be made to the roof terrace area on the third floor.  
Contractors to be called in to look at the areas above, cost and repair.

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Services

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

The risk management policy did not include the measures and actions in place to control the unexplained absence of a resident

**Action Required:**

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

Missing Persons Risk Assessment has been updated and signed by all staff and residents

**Proposed Timescale:** 01/09/2014

**Theme:** Effective Services

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

Cleaning practices in some areas required review

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

4 - 6 weekly clean in the bathrooms in apartment has been added to the staff shift planner and also added to the duties of the CE caretaker

**Proposed Timescale:** 01/09/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

Not all members of staff had received refresher fire training.

**Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Fire Safety Refresher training will take place in Kilkenny on the 29th September 2014

**Proposed Timescale:** 29/09/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

A number of staff had not received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All staff received training in relation to safeguarding residents on the 21st August 2014  
Community Services Manager and Support Worker to be trained by year end

**Proposed Timescale:** 22/12/2014

**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:**

Medicines were not always stored securely.

**Action Required:**

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

All bedrooms to have a locked storage cupboard to store all medicines securely.  
All residents to be reminded at every monthly House Meeting about the importance of storing medication securely. This will be a permanent item on the agenda.

**Proposed Timescale:** 31/10/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

A number of staff had not received manual handling training.

**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:**

All relevant staff received manual handling refresher training on the 29th July 2014

**Proposed Timescale:** 29/07/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The complaints policy was not centre-specific.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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 Complaints Policy Flow Chart to be made Centre specific

**Proposed Timescale:** 28/08/2014

**Theme:** Use of Information

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

A number of policies as listed in Schedule 5 of the Regulations had not been reviewed in the previous 3 years.

**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:**

Relevant policies and procedures to be reviewed and updated in accordance with best practice

**Proposed Timescale:** 01/09/2014

**Theme:** Use of Information

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

The policy in relation to residents' personal property and possessions was in draft form

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:**

Policy on service user personal possessions to be finalised

**Proposed Timescale:** 01/09/2014