

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002665
Centre county:	Offaly
Email address:	chiara.glynn@rehabcare.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 August 2014 10:00 To: 12 August 2014 17:00

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

Outcome 05: Social Care Needs
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 was the first monitoring inspection in this centre. The inspector met with the person in charge, team leader, residents and staff, observed practices and reviewed documentation such as personal care plans and records, staff files, policies and procedures.

While areas for improvement were identified, overall the inspector found that residents received a good person centred quality service. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents' communications needs were promoted and residents' health needs were regularly reviewed and met. The inspector found that the residents were comfortable and person centred care was provided by a committed team of staff. The inspector found that the health and safety of residents and staff was promoted and protected although improvement was required to the risk management policy in order to meet the requirements of the Regulations. Fire procedures were robust.

Improvements to some aspects of medication management were required and although outcome 18 was not inspected against the action relating to medication management is included there. These areas are discussed further in the report and included 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

The inspector was satisfied that the care and support currently provided to residents sufficiently reflected their assessed needs and wishes.

The inspector reviewed a sample of personal plans and found that the resident's care needs were identified and plans were put in place with the residents to address those needs. Several documents were in use including My Support Plan which described everyday needs relating to health and well being and personal supports etc. My Person-Centred Plan described specific goals or as a staff member described it a wish list, what each resident wanted to accomplish this year. Daily records were also maintained of how the residents spent their day. Each resident was assigned a key worker from the centre and a second key worker from the day services which residents attended. The personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members, circle of support and other people who are important in their lives. Where possible residents or relatives had signed to confirm that they were involved in the development of their plans and in regularly reviewing them with their key workers.

There was an extensive range of activities available to the residents both in the centre, in the nearby day service and out in the community. Transport was available within the centre. A daily plan was devised for each resident. Activities included trips to the shops, community activities such as assisting the tidy towns committee and swimming.

The inspector saw where visual scripts had been developed to assist residents when new things were happening or to help plan and introduce new ideas. For example the inspector saw where booklets had been developed to help residents with tasks like having to queue for some services or a step by step guide to taking medication.

There was evidence that residents were supported in transition between services. Staff spoken with confirmed that they or a family member always accompanied a resident to hospital or other appointments. A comprehensive multidisciplinary preadmission assessment was undertaken prior to accepting new residents and a step by step admission plan was devised. This included working with existing residents to ensure ease of transition.

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):

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

Findings:

The inspector found that the health and safety of residents and staff was promoted and protected although additional work was required to the risk management policy.

There was an organisational risk management policy and a centre specific policy. The inspector read the risk management policies and saw that they did not meet the requirements of the Regulations. For example they did not include measures and actions in place to control risks such as self harm and absconsion. Never the less individual risk assessments were completed for each resident which included a risk assessment as appropriate for possible accidental injury, absconsion or self harm and policies were in place to guide the practices.

There was a Health and Safety Statement in place. Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had regular checks, were unobstructed. The fire alarm system was in working order. Weekly checks of the fire doors and equipment were carried out. There was evidence of frequent fire drills taking place with staff and residents and all staff had attended fire training.

A continuity plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required. There were infection control measures in the centre including alcohol gels in appropriate places and all staff and residents had been offered the opportunity to avail of the flu vaccination. All staff had attended training in moving

and handling.

Judgment:

Non Compliant - Minor

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:

The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

The inspector was satisfied that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The inspector saw where issues were discussed at residents' meetings and topics were also included in each meeting with their keyworker.

The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. The inspector observed staff interacting with residents in a respectful, warm and caring manner. Staff were very familiar with the appropriate communication strategies and residents and staff communicated freely between each other. A daily record was maintained for each resident and the inspector saw that good detail was maintained with regard to the residents' daily routines, interactions and mood.

There was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. This included access to behaviour specialists, the psychologist and the psychiatric team. Residents had detailed behaviour support plans in place where necessary. The inspector found that they were based on multi-disciplinary input and were of good quality. Staff members were aware of the content of these plans and were aware of the need to update them as residents' needs changed. The inspector noted that each episode was

analysed and plans put in place to prevent reoccurrence.

A restraint free environment was promoted and there were no restrictive practices in use at the time of inspection.

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):

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

Findings:

The inspector was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

There was a clear record of residents' healthcare needs and instructions for managing these needs were set out in care plans which were up to date. The inspector reviewed some care plans and medical notes and saw that they had access to a general practitioner (GP) and to an out of hours GP service. Residents also had access to a range of allied health professionals such as occupational therapy, physiotherapy, speech and language therapy, chiropody, optician and dental services.

Measures were in place to adequately meet residents' food and nutritional needs. Weights were recorded monthly or more frequently if required. There was a system for referral to specialist services if required. The inspector saw residents actively involved in the preparation of the evening meal and a range of alternatives were available if a particular resident did not like the meal which was prepared. A weekly meeting was held and the menu choices for the week were agreed although not in any particular order. A pictorial recipe book had been designed which contained preparation details for residents' favourite meals. The inspector found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices where appropriate. Mealtimes were flexible and fitted around residents' social and work life.

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:

Although there was evidence of good medication management practices improvement was required regarding the transcribing and prescribing of medications.

The practice in place was that a staff member typed out the resident's prescription on a monthly basis and this was brought to the GP for his signature. However there was no signature of who had transcribed it or if a second person had carried out a check. In addition the policy was not specific enough to guide this practice. The inspector spoke to staff who confirmed that an independent check was carried out but not documented.

The inspector also saw that in some cases the GP had only put initials not a signature on the prescription. This was not in line with the centre's prescribing policy or national guidelines. Action required in relation to these two issues will be included under outcome 18.

Otherwise the inspector was satisfied with medication management practices. Daily checks of each medication were undertaken. Detailed descriptions of each medication were available to assist staff. Each resident's medication was supplied in a blister pack and these were stored in a locked press. No resident was self medicating at the time of inspection. The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training including practical competency assessments.

No resident was receiving medications that required strict control measures (MDAs) or refrigeration at the time of inspection.

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an on-going basis and that effective management systems were in place that support and promote the delivery of safe, quality care services.

The person in charge outlined the on-going development work to ensure compliance with the Regulations. An audit had been undertaken to benchmark the service against the Regulations and the Standards. The results of this audit were used to develop the service in line with the Regulations. For example it was identified that there was no contract of care in use and the inspector saw where this was being developed in line with the Regulations.

Other improvements as a result of audits included staff training on food hygiene and a more robust system for managing finances. Plans were also underway to establish a family forum. This was a service objective and aimed to provide opportunities for families to be involved and provide input into the service while also providing a support for families. A resident satisfaction survey was completed on a yearly basis and appropriate supports were in place to assist residents with this if required.

There was 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 in charge with authority, accountability and responsibility for the provision of the service. She also had responsibility for one other centre in the locality. She was knowledgeable about the requirements of the Regulations and Standards, and had a very good overview of the health and support needs and personal plans of all the residents. She was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. The person in charge told the inspector that she received regular support from her line manager. The person in charge was clear about the various roles and responsibilities of staff. The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. There was also a robust on call rota to ensure back up assistance was available should the centre require assistance out of office hours.

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:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The numbers and skill mix of staff were appropriate to the assessed needs of the residents. The inspector reviewed the staff rosters and was satisfied that staffing arrangements were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines.

There were safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Staff files were reviewed and it was found that they contained the required documents as outlined in Schedule 2 of the Regulations. A checking system had been introduced to ensure that required information was in place. The recruitment policy was sufficiently robust to guide practice.

The inspector was satisfied that staff had access to up-to-date mandatory training and access to education and training to meet the needs of residents. The inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including first aid, suicide prevention, autism and the management of behaviour that challenges.

Judgment:

Compliant

Outcome 18: Records and documentation

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

residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

This outcome was not inspected against and is included to ensure that the issues identified in relation to medication management, outcome 12, are part of the agreed action plan.

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:

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Regulation Directorate
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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-0002665
Date of Inspection:	12 August 2014
Date of response:	12 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 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:

The risk management policy did not meet the requirements of the Regulations.

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:

Develop location based risk assessments in relation to key areas outlined in regulations, i.e. Accidental injury, Aggression and Violence, Self Harm and the Unexpected absence of a resident.

Update Risk Management framework and local risk register

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

Proposed Timescale:

Location based risk assessments in key areas to be completed 31st Oct 2014; Update Risk management framework and local risk register by 30th Sept 2014

Proposed Timescale: 31/10/2014

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 medication policy was not specific enough to guide practice around transcribing. Some prescriptions did not have a GP signature as required by the policy.

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:

Six monthly Kardex put in place- completed in full by the prescribing GP, with full signature and update local medication processes

Proposed Timescale: 30/09/2014