

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by RehabCare |
| Centre ID: | OSV-0002684 |
| Centre county: | Leitrim |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | RehabCare |
| Provider Nominee: | Laura Keane |
| Lead inspector: | Mary McCann |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 8 |
| 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

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|------------------------|------------------------|
| From: | To: |
| 18 November 2014 10:00 | 18 November 2014 19:00 |
| 19 November 2014 10:00 | 19 November 2014 14:00 |

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

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

Summary of findings from this inspection

This announced monitoring inspection was the second inspection of this centre carried out by the Health Information and Quality Authority (The Authority) in response to an application from the provider to register the centre. The initial part of the inspection took place at the organization's resource centre where the inspector met with the Person in Charge. On day two the inspector met with the nominated provider.

The designated centre is part of a national organisation which delivers services as part of a service agreement with the HSE and provides residential and day services to adults with an intellectual disability. This designated centre provides support and accommodation to both male and female service users who have a mild to moderate intellectual disability on a full-time basis.

The inspector met with staff and all of the service users at the centre. All service users were given the option of meeting the inspector in private. Service users told the inspector that they knew about the inspection. The inspector received the consent of the service users to enter their home and review documentation with regard to them.

Prior to the inspection the provider forwarded the centre's statement of purpose, a fire compliance certificate and various other mandatory documentation necessary to apply to register a centre under the Health Act 2007. These and the Authority's 5 resident and 5 relative questionnaires received were reviewed prior to inspection. All questionnaires were complimentary of the service provided and of the staff. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, accident and incident records and medication practices.

The designated centre was clean, tidy, well maintained and decorated in a homely manner. Emergency lighting and the fire alarm was serviced in a timely manner and records, such as medical and allied health care professional records were available for each resident.

Service users maintained reasonably independent lifestyles with care and support targeted towards increasing their independence. Service users were aware they could contact staff at any time for support and this gave them the reassurance and confidence to access the local community. All service users had a key worker in the day and residential service who worked together, to promote, encourage and facilitate their independence, assist and encourage them to achieve their personal goals and increase their quality of life.

They were consulted about their care needs and had a say in the operation of the centre. There was an effective system of individualised assessment and care planning to meet resident's individual needs. This system was complimented by close links with the day services where service users completed many of their goals and educational activities.

There was evidence of a substantial level of compliance with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Areas of non-compliance related to the contracts of care, provision of an overriding thermostatic control for the electric shower, and review of policies.

These are discussed further in the report and included in the Action Plan at the end of this report.

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:

The inspector observed that there was one issue with regard to respecting service user's privacy and dignity and ensuring their safety. Staff set the temperature of the shower for some of the service users prior to showering. This does not support the service users having the highest possible level of independence and privacy.

Service users with whom the inspector spoke stated that they felt safe and spoke positively about their care. The inspector observed staff interaction with service users and noted staff maximised service users independence, while also being respectful when providing assistance. Due to the admission criteria for the centre, service users were generally independent in many day to day activities and required a low level of support from staff. Service users described the staff as being helpful and available to them if they had any concerns. The staff and service users informed the inspector that service users were actively involved where possible in the house with service users' meetings held weekly to discuss the shopping, cooking and general household chores. Complaints, concerns, fire procedures and rights were also regular items on the agenda. Minutes of these meetings was seen by the inspector and were found to be comprehensive and showed that service users had choice in that they chose what meals they wanted, when they wanted to eat out and what social activities they wished to partake in. All service users had a front door key and could have a lie in and go to the resource centre later on as they chose. Service users retained control over their own possessions and there was adequate space provided for storage of personal possessions.

All of the service users attended the day service during the day, some in conjunction with other activities in the community, for example work or social activities. There was a range of social activities available and service users were seen to positively engage in the social and community life which was reflected in their person centred plans, for example attending the local active age group or the cinema.

The inspector was informed that should service users wish to receive visitors in private, they could use the dining room or the staff sleep over room. There was an open visiting policy where visitors were welcome to visit at any time.

The complaints procedure was viewed by the inspector and was found to meet the requirements of the regulations. There was an easy to read service users guide which contained information in an accessible format on how to make a complaint. Copies of the guide were available in the sitting room. Service users spoken with informed the inspector that they knew they could make a complaint and if they did, they were confident it would be resolved. There is a charter of rights which is also made available to service users in an accessible format.

A computer for service users and staff use was available in the kitchen/dining room and staff assisted service users to use this.

An independent advocacy service was available to assist service users to articulate their views.

Judgment:
Substantially Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector noted that service users had access to newspapers, television, and radio. There was a comprehensive communication policy seen by the inspector and a number of the staff were trained in communication techniques such as Picture Enhanced Communication Systems (PECS) to aid communication. Staff who spoke to the inspector demonstrated awareness of individual communication needs of service users in their care and could outline the systems that were in place to meet the diverse communication needs of service users. In addition, the inspector noted that individual communication requirements had been highlighted in personal plans and was also

reflected in practice.

There was a notice board in the kitchen which contained a picture of staff on duty. The service users' guide and the charter on rights were available in an accessible format. As detailed above there was an open visiting policy where visitors were welcome to visit at different times and contact was kept with families via the telephone.

Service users were supported to develop and maintain personal relationships and links with the wider community. There was a family contact sheet to record communication with families and the inspector saw that relatives were updated in relation to service users' progress. Prior to admission there is contact and comprehensive communication with the family/significant other in relation to the service users needs and wishes.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Service users were supported to develop and maintain positive personal relationships with their family members and links with the wider community. All service users had families who were involved in their care. Families were encouraged to participate in the lives of the service users and the inspector saw that they were regularly consulted and kept up to date. Care plans were in place to support and enhance this process and service users told the inspector about their families and showed the inspector photographs of them.

Five authority relative questionnaires were received by the authority. All were complimentary of the service provided and the staff and stated that they never had reason to complain but if they did they felt confident their complaint would be appropriately addressed.

Staff members informed the inspector that community integration was a paramount consideration within the designated centre. The inspector found various examples of appropriate links to the community, such as, residents attending the active age group, regular attendance at the cinema, and regular attendance at Mass. Some service users went to the local pub for a drink with their neighbours from home after Mass. The inspector noted good efforts on the part of staff to ensure residents maintained links

with their surrounding community and participated in activities pursuant to interests and preferences.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There was a policy on, and procedures in place for admissions, including transfers, discharge and the temporary absence of service users. Referrals for admission to the service were set out in the statement of purpose which states that a client needs assessment will need to be completed to ensure that the required supports for that individual can be delivered within the service. The person in charge informed the inspector that consideration was always given to ensure that the needs and safety of the service user being admitted were considered along with the safety of other service users residing in the centre.

The inspector reviewed copies of the current contracts in relation to the terms and conditions of residing in the centre. The contract detailed the support, care and welfare of the service user and details of the services to be provided for that service user. However it was noted by the inspector that although there was a separate 'service user's weekly budget sheet' which detailed the fees to be paid for food and utility bills and a separate fee was payable for rent to the Housing Association as per the tenancy agreement these were not detailed in the contract of care. The weekly budget sheets were not signed by the service user so it wasn't clear that the residents agreed with this. The contract failed to detail if there were any additional charges that service users may or did incur.

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):

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

Findings:

This Outcome was reviewed at the time of the last inspection – July 2014 and again on this inspection. At the time of the last inspection the inspector found that the person centred plans (PCP's) required review to ensure they were accessible to service users. This had occurred. Service users were offered the opportunity to have their person centred plans recorded in digital format via an ipad, computer or digital photo frame.

Additionally the personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change. The provider replied to this action by stating

"We presently have quarterly service level agreements with the HSE. We will enter discussions with the HSE to discuss future plans for change in circumstances of service users in Supported Accommodation. We will draw up a transition plan following discussions with HSE to support service users for future changes in need". The person in charge stated they would address each issue as it arose individually.

Some service users had recently been assessed by the multi disciplinary team to ensure that all professionals involved in their care were aware of the current assessed needs of the residents. The Person in Charge stated that they could meet the assessed needs of all their current service users. Each service user's personal plan reflected their individual wishes regarding social activities. The service users are facilitated to have a weekly meeting to agree and discuss social activities. Staff encouraged service users to engage in activities of their choice within their local community and transport was provided to facilitate this.

Service users to whom the inspector spoke described the many and varied activities they enjoyed and spoke of the day trips out and about dining out and going into town. The inspector reviewed a selection of personal plans which were personalised, detailed and reflected service user's specific requirements in relation to their social care and activities that were meaningful to them. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in

relation to the activities of daily living. Service users had a key worker at the day service and the residential service. The key workers were responsible for pursuing objectives in conjunction with individual service users in each service user's personal plan. They agreed with the service user time scales and set dates in relation to further identified goals and objectives.

The inspector noted that there was a circle of support identified in each service user's personal plan which identified the key people involved in supporting the service user which included family and friends as well as staff and other professionals. There was evidence in some service users' personal plans that the service user and their family members where appropriate, were involved in the assessment and review process and attended review meetings.

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 centre consists of two separate semi detached houses; each has capacity for four service users with a bedroom for staff to sleep over. Eight semi independent service users were accommodated on the day of inspection. Service users are all aged over 18 years. There is no upper age limit and service users are accommodated as long as the provider can meet their assessed needs. Male and females are accommodated. At the time of this inspection one house was female only and the other accommodated male and females.

The Person in Charge and staff provide seventy eight hours of support to the service users each week.

There was adequate sitting and dining space separate to the service users' private accommodation which allowed for a separation of functions. Each service user is provided with a single room in order to provide adequate privacy.

The centre was clean and well maintained. Car parking is available to the front and an enclosed garden to the rear, with a shed and garden furniture. The garden was well

maintained and there was an outdoor patio area to accommodate suitable garden seating and tables provided for service user's use. Laundry facilities were provided within the premises and were adequate. Service users completed their own laundry with the assistance of staff as required.

As the service users tended to be mostly independent, specialist equipment for use by service users was not required, the only mobility aid in use was an zimmer frame.

Transport is provided by the provider organisation to assist service users in accessing work, education and recreational opportunities.

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:

At the last inspection, the risk management policy in place did not include procedures on the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving service users, and arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the service user's quality of life was considered. This has been addressed. The provider had devised a revised risk management policy and a local risk register. A positive risk taking policy was also in place. Additionally at the time of the last inspection not all staff had up to date fire safety training. This has been addressed. Training records confirmed that fire training for all staff was up to date.

One of the risk identified on this inspection was that there were no thermostats on the showers that could ensure that the water at the point of contact with service users was a maximum of 43 degrees Celsius. As a consequence of this staff set the temperature of the shower for service users prior to showering. This does not protect the resident as they could turn up the temperature and cause an injury to themselves.

Fire safety in the centre was complimented by fire doors, emergency lighting and a fire alarm. Smoke alarms were available in each room. in the hall and landing. The fire policies and procedures were centre-specific. There were notices for service users and staff on "what to do in the case of a fire" throughout the house. Regular fire drills took place. A personal emergency evacuation plan (PEEP) was seen to have been developed

for service users who staff felt required same. Staff spoken with displayed an appropriate knowledge and understanding of what to do in the event of fire. Service users spoken with stated if they heard the fire alarm they would know immediately to evacuate.

Fire equipment was serviced within the last year and there was quarterly testing of the fire alarm. Certification of compliance with the fire regulations signed by a person competent in fire safety was forwarded to the authority and was seen by the inspector as part of the application for registration of this centre.

A comprehensive emergency plan was in place in relation to fire and other emergency situations such as power outage, accidents, and disruption to water supply. A place to relocate should evacuation be deemed necessary was identified.

There were measures in place to control and prevent infection. The inspector noted that the importance of hand washing was discussed at residents meetings.

There was a comprehensive safety statement which included hazard identification and control sheets for the service. The inspector viewed training records which showed that staff had received up to date training in moving and handling. All service users were independently mobile, one used a Zimmer frame.

The inspector viewed policies in relation to vehicles used to transport service users. The centre owns its own vehicles. Up to date service records were seen and all vehicles were taxed and insured. Staff were required to have a full clean driving licence and had a driving competency assessment completed by an independent road safety expert to drive the vehicles.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

At the time of the last inspection, the protection policy did not name a person to whom an allegation should be reported (designated officer). This had been addressed. However, the entire policy had not been reviewed in the previous three years. (An action with regard to this is contained under Outcome 18). Staff with whom the inspector spoke, knew what constituted abuse and they demonstrated an awareness of what to do if an allegation of abuse was made to them. They were aware of the template forms that they would complete and stated they would report immediately to their line manager and/or the designated officer. There have been no allegations of abuse to date at this centre.

Service users told inspector and from analysis of questionnaires returned, confirmed that they felt safe and spoke positively about the support and care they received from staff. The inspector noted a positive, respectful and homely atmosphere and saw that there was easy dialogue between service users in their interactions with staff. Staff informed the inspector that they discussed safety and safeguarding at some of their weekly meetings.

The inspector viewed the process used to safeguard service users' money in the centre. The inspector saw that service users managed their own money thereby having free access to it. Some service users required assistance with budgeting. Staff assisted service users as required.

Transactions were generally signed by one staff member (as staff were lone workers) and the service user. There were regular audits and written receipts were retained for all purchases made on service users' behalf and for the communal shopping.

There was an up to date policy on responding to behaviours that challenge. From a selection of personal plans viewed, the inspector noted that behavioural intervention records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. Behaviour management plans and guidelines had been devised and implemented. Staff training records showed that staff had received training on dealing with behaviours that challenge. A policy with regard to restrictive practices was in place. No restrictive practices were in operation at the time of this inspection.

A policy on personal intimate care which outlined the measures that would be taken to provide personal intimate care in line with the service user's personal plan and in a manner that respected the service user's dignity and bodily integrity was in place.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

A record was maintained of all incidents and accidents that occurred in the centre. As there had been no incidents which required reporting to the Chief Inspector, a six monthly report of this fact had been submitted to the Authority as required by the Regulations.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Service users accommodated in the centre were attending the day service which was open five days per week or had part time work. Some service users also visited their locality on a weekly basis independently by public transport. The service users' person centred plans identified the wishes, goals and future aspirations of each service user. Service users could avail of the centre's transport.

A range of activities were on offer in the resource centre and these activities included crafts, cookery, computer classes, social outings and seasonal events. The individual preferences of service users in relation to activities was facilitated.

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):

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

Findings:

The person in charge has arranged an appointment with a specialist to review the service user's care. This appointment was arranged for 2015. The person in charge stated that she would enact any recommendation made.

This area was reviewed in July 2014 at the time of the last inspection. Service users' health care needs were met with appropriate access to the general practitioner (GP) services, including an out-of-hours service. Access to appropriate treatments and allied therapies was available to service users as required on referral.

The inspector found that health plans were in service user files and that these plans were regularly reviewed, updated and they guided practice. For example, each service users' needs were reviewed and monitored and any required medical or clinical intervention was arranged and followed up. Appointments at allied health professionals and acute hospitals were facilitated and recorded. The inspector found staff were knowledgeable regarding individual service users health needs.

Regarding food and nutrition, the inspector found appropriate knowledge of food and nutrition was evident. Choice was facilitated through knowledge of service user's likes and dislikes and the rotation of menus. Service users who attended day services had their main meal in the day centre and an evening tea on their return to the centre.

Service users assisted staff with the weekly grocery shop and prepared meals and snacks on a rotational basis. Staff assisted as required. At the weekend service users often had their Sunday meal in a local restaurant of their choice. This was usually combined with an activity for example visiting a parent's grave or a local fete.

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:

At the time of the last inspection medication management required review. All medication charts were not signed by the prescribing doctor and the maximum dose prescribed for as needed (PRN) medications was not always detailed. This had been addressed. The medication management policy was revised since the last inspection. The policy was specific to the centre to outline the local arrangements for ordering and receiving medication and the medication dispensing system in use.

All staff who administered medication had completed safe administration of medication training and had completed a competency assessment prior to administering medication. There was also a procedure in place for refresher training. Medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection. Medications were dispensed from the local pharmacy in blister packs. A description of each medication was available so staff could recognise the correct medication to be administered. The receipt of medication was being recorded and medication was stored appropriately.

The general practitioner had signed the prescribing sheet for each medication, and the prescription included the dose, route and time that the medication should be administered. PRN medications (medications that are administered as required) were recorded on the prescription sheet and these included the maximum dose that should be administered in any 24 hour period.

At the time of this inspection no service users were self medicating. Each service user had an individual medication management plan developed.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The aim of the service as outlined in the statement of purpose is to provide service users with a setting wherein service users are cared for, supported and valued within a care environment that promotes the health and wellbeing of service users. To live life to the full, as independently as possible in their local community, and be recognised and respected for and as themselves.

The centre had revised their statement of purpose and the inspector found that they now had an SOP that accurately described the services provided. This has been forwarded to the authority. It contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Service users in designated Centres for Persons (adults and children) with Disabilities) Regulations 2013. The inspector was satisfied that the service met the stated aims.

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:

The inspector found that clear lines of authority and accountability were present, with staff members expressing satisfaction to the inspector with governance and management systems in place. The person in charge has responsibility for the two houses (designated centre) the day service and a 9 hour outreach service. She was involved in the day-to-day running of the service with responsibility for the organisation and management of the centre which included staffing and budgetary management. Staff and service users informed the inspector that the person in charge was accessible to them. Over the course of inspection and in discussion with the person in charge, the regional manager (person involved in the management of the designated centre) and provider representative, the inspector found that the designated centre was managed by experienced, qualified and suitable persons.

The person in charge was an experienced, qualified nurse who worked full-time and had the skills and experience necessary to manage the centre. She had good knowledge of

the service users and their backgrounds having worked in the centre for many years. She reports directly to the regional manager and stated she is well supported in her role. The person in charge stated management meetings on a fortnightly basis occurred with her line manager and there were also additional quarterly person in charge meetings for peer support and learning. She is supported in her role by a team of care staff. She reported directly to a Regional Manager who reported to the Director – Health and Social Care who is based at head office and is the nominated provider on behalf of the organisation. Records confirmed that she was committed to her own professional development and recently attended a course on the role of the person in charge and a course on stress management.

The person in charge demonstrated a good knowledge of legislation and was appropriately familiar with the requirements of the Regulations. Relatives questionnaires returned to the Authority were positive and complimentary of the staff and management of the designated centre. The inspector met with the regional manager (at a sister centre) who is a nominated person participating in the management of the designated centre and was satisfied that good oversight and governance arrangements were in place.

There was evidence of on-going review of the quality and safety of care in the centre and evidence of learning from these. The inspector met and discussed with the provider representative the systems and processes that were in place to ensure that services provided were effectively monitored. These included for example, health and safety audits, satisfaction surveys and review of complaints. The provider was aware that a bi-annual unannounced visit was required to be undertaken and to prepare a written report on the safety and quality of care and support provided in the centre. This had not been completed to date.

All of the management staff displayed a positive attitude to working with the Authority to ensure the delivery of safe care to service users.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. The regional manager acted for the person in charge in her absence. Arrangements were in place to manage the service out-of-hours and at weekends, with other community service managers on-call on a rotating basis. The person in charge and her deputy were aware of the requirement to notify the authority of any proposed absences that require notification to the Chief Inspector. The inspector found all staff spoken to were aware of deputising arrangements in the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The designated centre is part of a national organisation which delivers services as part of a service agreement with the HSE and provides residential and day services to adults with an intellectual disability. The centre was resourced to ensure the effective delivery of care and support in accordance with the centre's Statement of Purpose. The designated centre had suitable facilities, staffing and transport resources in place to meet the assessed needs of current service users. From analysis of the residents and relative questionnaires and talking with staff and service users the inspector found that they were satisfied with the current resource provision. Management informed the inspector that resources were kept under review and any change in service users assessed needs would be discussed with the HSE.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

This Outcome was looked at in detail at the last inspection and reviewed on this inspection. At the time of the last inspection there was no evidence available that the volunteer had their role and responsibilities set out in writing and what procedures were in place for the volunteer to be supervised. This had been addressed.

The inspector found that there were appropriate staff to meet the assessed needs of service users in the designated centre. There was good continuity of care provided to service users. Staff spoken with had worked for substantial periods for the organisation and knew the service users well.

The inspector reviewed the staffing roster and found that staff on duty were clearly identified with their hours of work documented.

Staff meetings were held where staff from the centre met with the person in charge. The person in charge also dropped into the residential houses on an ad hoc basis to see staff and service users. Staff were complimentary of the Person in charge and service users confirmed that they knew the person in charge and seen her regularly.

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. Staff files were reviewed at the time of the last inspection (July 2104) and all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place. No new staff had been appointed to this centre since the last inspection. The inspector found that staff were recruited, selected and vetted in accordance with best recruitment practices.

There was education and training available to staff to enable them to provide care that reflects contemporary evidence based practice. Records evidenced a range of training was ongoing. Mandatory training was in date for all staff.

Training completed by staff during 2014 included, Safe Moving and handling, Introduction to children First, Adult safeguarding, Fire safety training, non violent crisis intervention training which incorporated training in challenging behaviour, Safe administration of medication, occupational first aid, safe administration of buccal midazolam, Introduction to personal care and introduction to person centred planning. All staff underwent annual appraisals to review performance and identify training needs.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

As addressed in previous Outcomes, the inspector found evidence of compliance in regard to records that need to be maintained in the centre as per Schedule 3 (service users' records) and Schedule 4 (general records) of the Regulations.

All of the written policies and procedures as required by Schedule 5 of the Regulations were in place, however some policies had not been reviewed in the previous three years.

It was noted by the inspector that records were maintained in a complete and organised manner and this made for ease of retrieval.

Judgment:

Non Compliant - Minor

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:

Mary McCann
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-0002684 |
| Date of Inspection: | 18 November 2014 |
| Date of response: | 23 December 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, 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:

Staff set the temperature of the shower for some of the service users prior to showering. This does not support the service users having the highest possible level of independence and privacy.

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

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Programme will be put in place to further reduce the level of assistance required by service users when showering. Safeguard electrical showers have been sourced and ordered thus reducing need for staff to check water temperatures.

Proposed Timescale: 30/01/2015

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:

There was a separate 'service user's weekly budget sheet' which detailed the fees to be paid for food and utility bills and a separate fee was payable for rent to the Housing Association as per the tenancy agreement however these were not detailed in the contract of care.

The weekly budget sheets were not signed by the service user so it wasn't clear that the residents agreed with the agreement.

The contract failed to detail if there were any additional charges that service users may or did incur.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

We will further discuss budget sheet with service users and request that they sign off on their personal budget sheets.

There are no fees charged, residents share utility bills and contribute to purchase of food. This will be added to the contract of care and contracts of care will be reviewed.

Proposed Timescale: 30/01/2015

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:

There were no thermostatic controls on the showers to ensure that water was dispensed at a maximum of 43 degrees Celsius.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

There is an existing temperature control on water tank in both houses.

There are Risk assessments in place which include the actions to reduce risk, these will be included in the risk management policy. In addition Safeguard showers will be installed which will further reduce risks in this area.

Proposed Timescale: 30/01/2015

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:

The provider was aware that a bi-annual unannounced visit was required to be undertaken and a written report on the safety and quality of care and support provided in the centre to be completed. This had not been completed to date.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The provider has established a team of monitors to undertake the six monthly unannounced visits in each service. This team commenced its work in October 2014. Written reports and a plan to address identified concerns will be available in each service for HIQA inspectors.

Proposed Timescale: 31/03/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies had not been reviewed in the previous three 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:

Policies not reviewed over the last 3 years have now been reviewed and are awaiting sign off. These will then be available for staff teams on site.

Proposed Timescale: 30/01/2015