

**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-0004643
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 December 2014 10:45	15 December 2014 18:00
16 December 2014 09:45	16 December 2014 18:00

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

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

The inspection of this centre by the Health Information and Quality Authority, to inform a registration decision, was announced. As part of the inspection the inspector met with the provider, the regional manager, the person in charge, the social care leader, care workers and a relative. The inspector reviewed the policies and procedures in the centre and examined documentation which covered issues such as staff training, complaints and advocacy, personal plans and health and safety risk management. The person in charge informed the inspector that she had been in the position of person in charge since August 2014 but has worked within the disability sector for five years. During the inspection there were no residents residing in the

centre but the provider had applied for registration for three residents. One resident was to be accommodated as soon as the registration was granted and the inspector saw the care plan for this resident and the transition plan for the move from another service. The centre was located in a quiet estate, a short distance from the local town. The house was spacious and well maintained. The furniture and the fittings were found to be of good quality and the premises was suitable for the needs of mobile residents. The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of 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 2013. Some improvements were required in the area of premises, contracts, health and safety risk assessments, the statement of purpose and policy updates.

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):

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

Findings:

The inspector found that the rights of residents with disabilities were supported and acknowledged by staff in the centre. There was a regular consultation process planned which the person in charge said would be adapted to the residents' needs. The person in charge explained how the residents could access advocacy services and staff spoke with the inspector about the importance of advocacy for this group of residents. The resident had a named advocate who was involved in individual transition plans. The inspector viewed the pictorial 'social stories' which had been developed for residents, by the person in charge, to support each stage of the transition process. There were monthly meetings with individual residents which were recorded and any actions were allocated and time specific.

A folder containing accessible documents was visibly displayed. This included information on how to make a complaint, residents' rights, access to advocacy, the Resident's Guide and photographs of key personnel in the centre. There was pictorial input in the documents also. A relative with whom the inspector spoke said that residents and their representatives were involved in formulating personal plans. Residents could make choices about their daily lives with support from staff and staff with whom the inspector spoke were aware of the resident's usual routine. The proposed staff roster was arranged in a manner to support a particular resident and the roster indicated continuity of staff in the centre. The provider had developed policies to guide staff on the care of residents' property and finances, as required by Regulations. The person in charge informed the inspector that staff were trained in the prevention of financial abuse as part of their 'Trust in Care' policy and procedure. The person in charge informed the inspector that personal belongings were photographed and listed

and the folder was given to the resident. Consent forms were signed for medication administration, photographs and financial transactions. This documentation was reviewed by the inspector.

Access to local amenities such as the park, library, shops, restaurants and hairdressing facilities had been sourced ahead of the proposed admissions. Residents would be facilitated to go for walks or drives and to take part in arts and crafts, multi-sensory sessions, horse riding, garden activities, yoga and swimming. Day trips and overnight outings, which were in line with their individual assessed needs, would be arranged. Family members informed the inspector that they had been included in this planning and that the person in charge was very responsive to the ideas which were suggested. Residents had access to personal transport. This would be driven by staff who had full, clean driving licences and who would attend an orientation course. Residents would be supported to attend religious ceremonies of their choice. Staff spoke with the inspector about how they had assessed the aforementioned facilities in the area in conjunction with residents' representatives.

There was a complaints policy in operation in the centre. An easy-to-read version for residents and their representatives was prominently located in the entrance hall. The centre had a dedicated complaints officer and an independent nominated person. Staff with whom the inspector spoke were aware of the names of these personnel and how to initiate a complaint. The inspector spoke with a relative who was familiar with this procedure. The provider informed the inspector that there was both a regional and national response to complaints and complaints were trended to help identify where training or support was required.

The centre had four bedrooms. Two bedrooms had an en suite facility and there was a shared bathroom also. There was also a wheelchair accessible downstairs toilet and shower room. There were some decorative and health and safety issues to address in these areas and these will be addressed under the relevant outcomes in the body of the report. There were large wardrobes and locked storage facilities available for each resident.

Judgment:
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):
This was the centre's first inspection by the Authority.

Findings:

The inspector found that staff were aware of the communication needs of the resident and the care plan seen by the inspector indicated that communication needs were being met with support from the advocacy, social work and SALT (speech and language therapy) services. The residents' representatives were consulted and the staff of the new centre had been familiarising themselves with the resident involved during the transition period. Plans of care outlined specific means of communication and were seen to be detailed, including information such as how residents' behaviour would change when expressing different emotions. There was evidence that multi-disciplinary professional input was sought where required. For example, from psychology, psychiatry and the general practitioner (GP). There was television, DVD players and radio available to residents. The phone line was to be installed and the use of mobile phones was encourage with broadband access available on the premises.

The psychologist and the behaviour specialist from an allied disability group provided advice and detailed steps to be followed when providing positive behaviour support. The inspector saw that this information was included in the personal plan of the resident for the attention of all staff. Friends and relatives were encouraged to visit the centre and there was a visitors' room available for private visits. The inspector met with a relative who confirmed that staff were always welcoming and inclusive. While the inspector was present the staff met with residents' representatives and spent time with them discussing the life story and experience of the residents to inform the care planning process. They related relevant care issues to the inspector and also relevant details which indicated to the inspector that a person centred approach was adopted in the process.

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):

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

Findings:

The inspector found that fostering positive relationships between residents and their representatives formed part of the ethos of the new centre. A representative of a proposed resident confirmed this with the inspector. Contacts and social links were supported by a variety of means. There was an open door visiting policy in the house and family, relatives and friends were welcome to visit. This contact was to be supported as appropriate to each resident, for example the person in charge informed

the inspector that home visits, phone contact and special occasions would be facilitated in the centre. Family or residents' representatives were to be encouraged to attend birthdays and other special occasions such as Christmas parties. Staff said that they would facilitate residents' representatives who wished to take an individual resident out for shopping, for a meal or to celebrate a special event. A relative's representative confirmed with the inspector that she had been informed of these issues by staff. She outlined to the inspector how supportive and friendly the staff were and how she felt her relative would be safe and happy in the centre. There was evidence of personal links in the personal plan seen. Residents' representatives were contacted by the person in charge in advance of the review of a resident's personal plan and invited to attend the review meeting. Input from relevant people, in relation to individual resident's wishes and preferences, was documented in the personal plan seen by the inspector.

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:

The inspector found that the process of admissions was in line with details in the statement of purpose. Contracts of care set out the service to be provided in the designated centre. Contracts of care were signed by the person in charge and next of kin, where appropriate. If the need arose a member of the staff would meet with residents and their families or representatives and review current living arrangements and any wishes in relation to transition between services. There was evidence that moves were planned for in an organised and person-centred way. Transfers and admissions were overseen by senior staff and information meetings were held. Consultation with residents was undertaken in line with their abilities and input was sought from their representatives and the multi-disciplinary team. The inspector spoke with the person in charge and other staff who confirmed such arrangements had been put in place. However, the fees for the service were not outlined on the contract of care seen by the inspector. The provider undertook to review the contract for this resident to ensure compliance with legislation.

Judgment:

Non Compliant - Moderate

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:

Each resident's wellbeing and welfare was maintained by a high standard of evidenced based care. Each resident was facilitated to participate in meaningful activities appropriate to their interests and preferences. The inspector was informed by staff that there were a number of options available in relation to activities and work. The inspector was informed that residents would continue to access the day care facility each day where various activities and therapeutic interactions occurred. Staff also outlined their plans for residents' relaxation in the house such as beauty therapy, board games, garden relaxation and listening to music. The person in charge and relatives informed the inspector that residents would be invited to personalise their house and bedroom area with furniture, pictures, signed celebrity photographs, any certificates of achievement and other possessions. Bedrooms had facilities for personal televisions and the inspector noticed that a computer system was being installed in the staff bedroom in the centre. Staff confirmed that residents would have appropriate access to this or to their personal laptops where available.

The arrangements to meet each resident's assessed needs were set out in a personal plan. The inspector viewed the care plan available and it was evident that there had been a consultation process in the formulation and design of the documentation. The inspector viewed evidence that residents had access to allied services such as the dietician, psychiatrist, behaviour specialist, physiotherapist, occupational therapist, dentist and the general practitioner. There was evidence of multi-disciplinary input and consultation with family members where necessary. The inspector heard from staff and a relative that there was recognition and support for residents' personal goals. The person in charge told the inspector, as outlined previously, that residents would be supported to transition between services and that each resident had a named key worker. This person was responsible for ensuring that the set goals were reached within a flexible timeframe. Residents would be familiarised with their key workers prior to admission and the names of staff on duty were displayed on a notice board in the centre. Personal plans were reviewed regularly and the inspector noted that there was multidisciplinary input in these reviews.

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 inspector found that the centre was designed and laid out in a way that was suitable for its stated purpose. It was newly painted and the furniture and fittings were of a high standard. The inspector noted that the centre was clean, comfortable and homely. The rooms were bright and spacious. There were three large bedrooms and one single bedroom available. Corridors and doorways were wide and the centre was fully accessible to residents. There was a wheelchair ramp outside the front door but the centre was not suitable to accommodate any immobile person as there was no downstairs bedroom. Facilities and services were consistent with those described in the centre's statement of purpose and resident's guide.

There were sufficient communal and private areas available for residents' use and there was a large well equipped kitchen in the centre. There were suitable arrangements available for the disposal of general waste and the person in charge informed the inspector the community public health nurse would provide support in the disposal of 'sharps' and clinical waste.

Areas where hazards were present were restricted as appropriate for example, storage rooms, medicines storage area and chemical cupboards. The inspector observed that there were risk assessments carried out for most of the hazards identified in the centre and controls had been put in place for these. Hazards which had not been identified will be listed under outcome 7: Health and Safety and Risk Management. There were sufficient toilets, bathrooms and showers to meet the needs of residents. However, the inspector noted that there were some repairs needed to the grouting surrounding the shower area and to the grouting between the bathroom tiles.

Judgment:

Non Compliant - Minor

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 centre had a health and safety statement and it was updated in 2014. It identified, assessed and outlined the controls required for certain risks in the centre. Procedures were in place for the prevention and control of infection. Alcohol hand gels, plastic aprons, alginate bags (for soiled laundry) and disposable gloves were available. Staff had training in correct hand washing technique and there were Health Service Executive (HSE) leaflets on this procedure placed strategically near the sinks. There were coloured coded systems in use for cleaning and food preparation. Both the person in charge and the staff on duty had attending training in food hygiene and food storage.

There was a laundry room in the centre which was to be used by both residents and staff and the equipment was in working order. All of the residents would be provided with individual laundry baskets. There was a hot press for the storage of towels and bed linen. The centre had a risk management policy and a risk register which detailed potential risks (environmental, operational and clinical) associated with the centre. There was documentation available in the centre to indicate the protocol in place for learning from serious incidents/adverse events involving residents and for medication error incidents. There were arrangements for contacting a maintenance man whom the person in charge said was very responsive to the other centres in the service.

The risk management policy outlined the controls in place for the risks as specified under Regulation 26 (c). However, not all the risks in the centre had been identified and assessed for example: unrestricted upstairs windows: a window which had a broken restrictor: the risk of slipping in the bath or shower: the need for grab rails in toilets and showers; a very low open back garden gate which led out to the road: a low back garden wall in the same area: the need for a fence between the back garden and front area of the house: an open fireplace: the keys placed in the fire exit doors.

A fire evacuation plan was in place and in the event of an evacuation of the centre being necessary, alternative accommodation had been identified. The person in charge informed the inspector that she had planned for regular fire drill training and that personal evacuation plans would be developed for residents prior to admission. Records reviewed by the inspector indicated that the fire alarm was serviced on a quarterly basis, fire safety equipment was serviced on an annual basis and emergency lighting was tested. However, external fire assembly points had not been identified by the use of appropriate signage. There was evidence that appropriate and timely arrangements were in place for reviewing fire precautions which included the alarm panel, the fire alarm, emergency lighting, carbon monoxide detectors, fire exits and the testing of fire

equipment. Fire testing certificates were viewed by the inspector. The fire compliance certificate for the centre was not available at the time of inspection but this was to be forwarded to the inspector prior to registration. The person in charge pointed out to the inspector that all the external fire exits had the keys in the locks, however copies of these keys were not available in the event that a key was removed from the door. This was to be risk assessed by the person in charge and appropriate controls were to be put in place. The person in charge informed the inspector that the internal doors in the centre were all certified fire safe doors. The inspector noted that fire exits were unobstructed. Staff, spoken with by the inspector, were aware of what to do in the event of a fire and were aware of the location of the fire exits and break glass panels. They were also aware of the personal evacuation plans for residents. The procedure to be followed in the event of a fire was prominently displayed in the building. This was in pictorial form also to aid compliance and understanding. The centre was a smoke free zone. Fire training for the staff was seen to be scheduled for January 2015 before the centre was due to open.

Staff had up to date moving and handling training, infection control, food hygiene and challenging behaviour management training among others. Staff with whom the inspector spoke were aware of the substance of the training modules and were knowledgeable and responsive when asked about, challenging behaviour issues, health and safety and medication management as well as infection control procedures.

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:

Measures to protect residents from abuse were in place and staff were aware of what constituted abuse and they were aware of the action to take if they suspected or witnessed abuse. The inspector viewed the policy, dated January 2014, on the prevention, detection and response to abuse. The regional manager informed the inspector that she was the designated liaison officer (DLO) for the south, for any issues of suspected abuse. Staff with whom the inspector spoke were aware of the line

management system of reporting issues of suspected abuse. The person in charge informed the inspector that she was actively involved in the management of the centre. She said she was confident of the safety of residents through speaking with her senior staff members and staff appraisals, speaking with residents and their representatives and observing the staff interactions. She was aware of her obligation to report any allegation of abuse to the Authority within the required timeframe.

Training records indicated that the staff had received training on the prevention and detection of abuse and the inspector saw that there was a robust induction programme for staff which also included training on understanding and managing behaviour which challenges. However, the inspector noted that this policy was last reviewed in 2010. This will be addressed under outcome 18: Records and Documentation. There was an intimate care policy in the centre and this was last reviewed in November 2012. Individual intimate care plans were to be developed for residents, based on the guidelines in this policy.

The inspector noticed leaflets on advocacy services on the notice boards in the centre and the name and phone number of the advocate was clearly displayed. There was a policy on the use of restrictive interventions which outlined measures to promote a restraint free environment. The policy listed alternative measures to the use of restraint. The use of medication on a PRN (when necessary) basis was controlled by a detailed policy requiring that the practice of administering any PRN medication had to be documented, justified and the effect recorded. PRN medication use was to be reviewed on a six monthly basis with the GP. The person in charge informed the inspector that all training was reviewed annually and adjustments made in response to any identified needs.

There were measures in place for the management of residents' finances and there were documents available to record financial transactions made by and on behalf of residents. All transactions would be signed by the resident, where possible and by two staff members. Staff had received training in the application of this policy to include, withdrawing money, grocery bills, lodging money and payments for services and rent. The inspector reviewed personal plans for supporting residents with reactive behaviour and the associated risk assessments were seen. The inspector found evidence when speaking with staff of a positive approach to behaviour which challenges and clear referral systems were in place. There was evidence in the care plan reviewed that residents and their representatives were involved in discussions and reviews which had been arranged to support residents to manage their own behaviour. The inspector viewed the records which confirmed that staff had received training in the management of behaviour that challenges including de-escalation and intervention techniques, as required by the Regulations. Debriefing with staff formed part of the learning process for staff and the person in charge informed the inspector that there was a cohesive, team based approach to solving and understanding any behaviour issues which presented.

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):

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

Findings:

The person in charge indicated to the inspector that she understood the legislative requirement to retain and record all incidents occurring in the designated centre and where required, that these should be notified to the Chief Inspector. As the person in charge for other centres in this service she had provided the required quarterly or six-monthly nil returns in a timely and efficient manner.

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):

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

Findings:

Residents' opportunities for new experiences, social participation, training and employment were to be supported. Continuity of staffing, of activities and of educational opportunities was maintained for residents in transition. An assessment of each resident's goals relevant to their general welfare and development would be completed as part of a more comprehensive pre admission assessment of their needs, wishes and abilities. Goals would then be developed in accordance with their preferences and to maximise their independence. This was evident in the personal plan reviewed by the inspector. A number of off-site activities, such as art, photography, life skills training, swimming, yoga, horse riding and crafts were made available. Staff informed the inspector that residents would be facilitated to shop for their meals and to choose what they wanted to cook on a daily basis. Educational and sporting achievements of residents were valued and pro-actively supported by the centre. The person in charge

informed the inspector that residents and staff were to engage in planning new goals and accessing new educational opportunities on an annual basis. She said that one potential resident had a long term goal to go to Lourdes and to engage in an education programme. Staff were noted to be aware of these goals, when spoken with by the inspector, and appeared to be solution focused in attempting to plan for the fulfilment of these goals.

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:

Residents had access to a range of multidisciplinary team members as outlined previously. There was evidence in the care plan reviewed that the resident had availed of allied health care services and specialist consultants. Documentation seen by the inspector with regard to information from these reviews was detailed and informative. Regular multidisciplinary input was evident.

The inspector observed that there were adequate stores of both fresh and frozen food in the house in preparation for the admissions. However, staff informed the inspector that a more complete selection would be available when residents became involved in shopping for their own choice of food. Staff explained to the inspector that residents would accompany them on shopping trips and be involved in writing up the shopping list where possible. There was an emphasis on a healthy lifestyle and residents were to be encouraged to walk to the local town, to swim and to go for walks with staff after work.

The inspector observed that the ethos of the centre encouraged and enabled residents to make healthy choices in relation to exercise, weight control and dietary considerations. Staff informed the inspector that the level of support which individual residents required would vary. This was supported by information in the personal plans reviewed on inspection. Staff were knowledgeable about residents' health and social care needs. They gave detailed information to the inspector about residents and how the identified needs would be met. It was evident to the inspector, from talking with staff and a relative, that each person had ample opportunity to participate in a variety of healthy living pursuits.

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:

The inspector found that residents were protected by safe medication management policies and practices.

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications. The policies on medication management were dated December 2014. The inspector spoke with staff and found that they were familiar with the different sections in the policy such as the management of PRN (as necessary) medications, the management of the medication keys and the policy on the crushing of medication. The inspector reviewed residents' files and found that individual medication plans were appropriately implemented and reviewed as part of the personal plan review process. Prescription charts and administration charts were completed in line with relevant professional guidelines and legislation. All medications were individually prescribed. The inspector noted that the maximum dosage of PRN medications was prescribed and all medications were regularly reviewed by the GP. There were no controlled medications in use at the time of inspection. However, the centre had a policy to guide this practice. The ability to self-administer medications was assessed and recorded. Arrangements were in place to ensure that unused and out of date medications were segregated from other medicinal products, as required by the Regulations. A record of returns to pharmacy was maintained. Medication errors were recorded and audit of medication was ongoing within the service. Staff had undergone training in relation to medication management during their induction in 2014. Oversight of medication management, including PRN and psychotropic medications was done by the pharmacists, whom the person in charge said were very attentive to the centre. Residents had a choice of GP and pharmacist and the resident's representative, with whom the inspector spoke, confirmed this.

Staff training records were seen and these included buccal midazolam training and epilepsy drugs training. The person in charge informed the inspector that when staff had completed medication management training they had to undergo two intensive supervision sessions with the person in charge before they were allowed to administer medication. Staff confirmed this with the inspector and were found to be knowledgeable on the policy and on the management of medications for residents.

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):

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

Findings:

The statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. The statement of purpose contained most of the information required by Schedule 1 of the Regulations, including the staffing complement and the organisation structure. It outlined the room sizes and the procedure for dealing with complaints which correlated with the notice on display in the centre. The statement of purpose was kept under review. It was last reviewed in December 2014 and was available to residents and their representatives in an accessible format. The inspector noted that staff were familiar with the statement of purpose. However, there were some details missing from the statement of purpose such as the procedure for emergency admissions, the identification of an external evacuation centre and the size of the rooms in the centre. Nevertheless, the updated version was forwarded to the Authority on the day following the inspection.

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 governance and management structure in place which was in accordance with the structure outlined in the statement of purpose. The person in charge told the inspector that her post was full time but she was involved in three centres in the service including a day care centre. One of these centres was an hour away from the others. However, she informed the inspector that she would be engaged in the governance, operational management and administration of this new centre on a regular basis from two to three days weekly. She was supported by a social care leader who would also participate in the management of the centre. Regular management meetings between the provider, the person in charge and the social care leader were planned. Staff were to be facilitated to discuss issues of safety and quality of care at weekly team meetings which the person in charge would attend. A regular review of the quality and safety of care in the centre was organised. Audit of areas such as infection control, health and safety management and medication administration practices were in the process of being developed. The person in charge was suitably qualified, experienced and demonstrated good leadership and organisational skills. Staff told the inspector that she was supportive and approachable. The person in charge outlined to the inspector her plans to continue to improve the service for residents. She demonstrated sufficient knowledge of the legislation and her statutory obligations and had a commitment to ongoing professional development. She informed the inspector that she had completed a degree and a higher diploma in psychology. She had attained qualifications in positive psychology and in special needs care also. The inspector viewed evidence of these qualifications. She had experience as a team leader and as a supervisor in all areas of the service over the past five years.

Judgment:

Compliant

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):

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

Findings:

A suitably qualified person had been identified to deputise in the absence of the person in charge. The provider was aware of her responsibility to inform the Authority of the absence of the person in charge in line with the requirements of the legislation and to

notify the Authority of the arrangements in place for the absence.

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):

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

Findings:

The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose. The provider told the inspector that a regular review of resources in the designated centre would take place in consultation with the person in charge. The inspector spoke with the person in charge and staff members who confirmed that they had been provided with a robust induction and all the required and mandatory training for their role. Staffing had been put in place which appeared adequate for the proposed admission at present and resources had been provided to renovate and prepare the centre for the admission of residents and for registration. The inspector found that the facilities and services available in the designated centre reflected what was outlined in the statement of purpose. The person in charge confirmed that there would be a household budget available to meet the day-to-day running costs of the centre and that any extra requirements would be met by management.

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:

A sample of staff files reviewed by the inspector complied with the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector viewed the policies on staff recruitment and saw that staff had fulfilled the required vetting procedures. Records reviewed indicated that staff had attended a range of training to include the mandatory training required by the Regulations. The person in charge told the inspector that training needs of the staff were attended to annually and that training could also be provided on an individual basis if the need arose. Staff were supervised according to their role. Rosters were being planned to meet the needs of the residents. The inspector viewed the present roster and the roster for the planned opening of the centre. Staff were able to demonstrate an awareness of the centre's policies and had access to a copy of the Regulations and the National Standards for the sector. There was continuity of care staff for the residents and there were sufficient staff in the centre who were well qualified and experienced. Supervision, probationary meetings and appraisal of staff were ongoing and the recruitment and supervision policies were viewed by the inspector.

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:

The inspector found that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents and that the staff rota was properly maintained. Staff informed the inspector that they were required to complete household duties as well as care duties. The management team demonstrated commitment to providing ongoing education and training to staff relevant to their roles

and responsibilities. The annual staff supervision system facilitated the identification of staff training needs. The inspector spoke with staff who confirmed the training they had received and records of training were reviewed. The inspector reviewed a sample of staff training records and found that all mandatory training required by the Regulations had been provided. Mandatory training in relation to fire safety was scheduled for January 2015, before the centre would open. Staff had received training in relation to the protection of vulnerable adults. Positive behaviour support training was provided to all staff within a recognised training course. Staff had completed other training or instruction relevant to their roles and responsibilities including courses in relation to hand hygiene, food hygiene, medication management, personal care planning, communication and pain management. Staff supervision meetings and probationary meetings were completed on schedule; documentary evidence of this was held on staff files and staff confirmed that such meetings took place. The staff were supported by services from the Health Services Executive (HSE) and the local public health nurse service.

The centre had all the policies in place to conform with the Regulations however, not all policies were reviewed on at least a three yearly basis as required. Examples of these were the policy on managing behaviour issues (2010): the policy on positive risk enablement (2010): and the discharge policy (2010).

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 O'Mahony
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-0004643
Date of Inspection:	15 December 2014
Date of response:	09 January 2015

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 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 fees for the provision of services to include any additional charges was not detailed in the contract of care.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

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:

Details of any fees incurred by residents will be included in the Contract of Care.

Proposed Timescale: 31/01/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The tile grouting in the shower and on the bathroom floor was in need of repair.

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:

Tile grouting in shower and on bathroom floor to be repaired

Proposed Timescale: 16/01/2015

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:

Not all risks in the centre had been identified and assessed for example:

- unrestricted upstairs windows:
- a window which had a broken restrictor;
- the risk of slipping in the bath or shower: the need for grab rails in toilets and showers;
- a very low open back garden gate which led out to the road:
- a low back garden wall in the same area:
- the need for a fence between the back garden and front area of the house:
- an open fireplace:
- the keys placed in the fire exit doors:
- identification of an external fire assembly point:
- the need for grab rails in the showers and toilet areas:
- the need for the provision of non slip mats in the bathroom and shower:

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:

All appropriate risk assessments and safety measures in place on identified risks in line with risk management framework

Proposed Timescale: 16/01/2015

Theme: Effective Services

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

The measures and actions to control all risks in the centre had not been put in place for the aforementioned risks and any other such risk identified by the person in charge.

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:

All appropriate risk assessments and safety measures in place on identified risks in line with risk management framework

Proposed Timescale: 16/01/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:

Statement of Purpose and Function reviewed and updated

Proposed Timescale: 17/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all policies in the centre were reviewed within the minimum time frame required under Regulation 4 (3).

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 are currently under internal review and reviewed policies will be implemented in the service

Proposed Timescale: 01/05/2015