

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002665
Centre county:	Offaly
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
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:
11 August 2015 11:00	11 August 2015 18:00
12 August 2015 09:00	12 August 2015 16:30

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

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures.

Interviews were carried out with the person in charge and the person authorised to act on behalf of the provider. Interviews were also carried out with the team leaders.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of substantial compliance, in a range of areas, with the Health Act

2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

There was evidence of adequate fire safety and safe medication management practices. Access to allied health professionals was available. Staff had received training and were knowledgeable regarding the protection of vulnerable adults.

The inspector found the service was managed and run by a suitably qualified person in charge who was fully engaged in the governance and management of the designated centre. Appropriate staff recruitment and supervision was in place and staffing levels were suitable to meet the needs of the residents. Plans were in place to further improve the induction process.

Some improvements were required with regard to policies to ensure they were sufficient to guide practice. Medication management also required some improvements. These matters are discussed further in the report and in the Action Plan at the end of the 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 found that the rights, privacy and dignity of residents was promoted and residents' choice encouraged and respected.

Residents were consulted with and participated in decisions about their care and about the running of the centre. The inspector saw where issues were regularly discussed with residents. A weekly residents' forum meeting was available but residents preferred when individual issues were discussed with their key workers.

The inspector observed numerous interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

The inspector was satisfied that residents had access to advocacy services if they wished. There was a National Rights and Advocacy Committee within the organisation and access was available to all residents. In addition there was a local advocacy service and a resident confirmed that the advocate had already called to the centre to introduce herself to residents. Contact details were available in each resident's room.

The centre had a complaints policy and procedure and the inspector noted that it met the requirements of the Regulations. In addition the complaints' procedure was clearly displayed in a prominent position in an easy read format. The person in charge had also put a comments box in the front hall and specific documentation was to hand to encourage residents and relatives to provide feedback on the service. The inspector

noted that no complaints had been received recently but staff spoken with were familiar with the procedure to follow.

When required, staff assisted residents to manage their monies. The inspector was satisfied that this was managed in a safe and transparent way with appropriate records maintained. Balances checked were correct.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were supported and assisted to communicate in accordance with residents' needs and preferences.

Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed. This included presenting information in pictorial format if helpful. Easy read versions of some documents had been developed including what is safeguarding and rights.

The inspector saw that social stories were used to assist residents' understanding of various tasks such as going to the bank or preparing a light lunch.

Computer facilities and internet access were available within the centre. The person in charge told the inspector that she was currently setting up Skype so that one resident could chat more easily with his relative.

Although not currently required, the inspector saw that residents had access to the services of a speech and language therapist.

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:

The inspector was satisfied that staff helped residents to maintain contact with their families. Families were encouraged to visit and stay for a meal or a snack with the residents. The inspector saw where regular frequent contact was maintained between the staff and the relatives when residents so wished.

The inspector saw that staff facilitated visits with family members outside of the centre and home visits were supported. Transport and escort services were provided when required.

The inspector noted that one resident requested that the review of his personal plan should take place at his relatives' home and this was facilitated by staff.

The inspector saw that residents were encouraged to develop links with the wider community as far as possible. This is discussed in more detail under Outcome 10.

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 were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose. There were no recent admissions to the centre.

Written agreements had been provided to relatives outlining the support, care and welfare of the residents along with the services to be provided. An easy read version was also available for residents.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' wellbeing and welfare was promoted through a high standard of evidence based care and support.

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

As at the previous inspection, the inspector reviewed a sample of personal plans and found that the resident's care needs were identified and plans were put in place with the residents to address those needs. Several documents were in use including My Support Plan which described everyday needs relating to health and well being and personal supports etc. My Person-Centred Plan described specific goals or aspirations which each resident wanted to accomplish this year.

Daily records were also maintained of how the residents spent their day. Each resident was assigned a key worker from the centre and in some cases a second key worker from the day services if the residents attended. The personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members, circle of support and other people who are important in their lives. Where possible residents or relatives had signed to confirm that they were involved in the development of their plans and in regularly reviewing them with their key workers.

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

There was evidence that residents were supported in transition between services. A document called 'My health passport' had been developed for each resident to take with them when they were availing of other medical services. This contained important

information regarding resident's likes and dislikes and specific needs including those relating to communication and medication.

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 premises which was located in a rural setting, met the needs of the residents who were living in the centre at the time of inspection. The centre was warm and inviting and decorated in accordance with the residents' preferences.

There were three separate bedrooms for the residents one of which had en suite shower, toilet and wash hand basin. There was an additional bathroom with a large Jacuzzi bath. There was also a separate toilet and wash hand basin off the utility room.

Most residents seemed happy to show the inspector their bedrooms. The inspector found that they were comfortably furnished and decorated in accordance with residents' preferences.

There was a large accessible kitchen cum dining room. This room also had a work station at one side for residents and staff who wished to use it. There was a decking area off this room.

There were two separate sitting rooms and both were comfortably furnished. The inspector saw that residents had definite preferences as to where they sat to relax.

Laundry facilities were available in the utility room and residents could attend to their own laundry if they wished. There was a staff office which was also used for sleep over staff. All files etc. were securely stored there.

There was a large separate building to the side of the centre and residents could access this if they chose to. The inspector saw that a snooker table was being put up there at the time of inspection.

The organisation had maintenance contracts in place and the person in charge stated that any maintenance requests were attended to promptly. Adequate arrangements were in place for the disposal of general and clinical waste.

There was a well maintained garden area to the front and rear of the building and parking was available. Play equipment was available in the back garden.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The inspector found that the health and safety of residents and staff was promoted and protected.

Action previously required relating to the risk management policy had been addressed. In addition the inspector saw that this document was currently under review with plans to make the document more centre specific.

Individual risk assessments were completed for each resident which included a risk assessment as appropriate for possible accidental injury, absconsion or self harm and policies were in place to guide the practices.

There was a Health and Safety Statement in place. Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire alarm system was in working order and fire exits, which had daily checks, were unobstructed. Weekly checks of the fire doors and equipment were carried out.

There was evidence of frequent fire drills taking place with staff and residents and individual evacuation plans were in place for each resident which outlined if any additional supports were required. All staff had attended fire training.

A continuity plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required. An emergency bag containing equipment such as a torch, first aid kit and a blanket was available to take with residents should it be required.

There were infection control measures in the centre including alcohol gels in appropriate places. Staff confirmed that they had recently attended infection control training including hand hygiene. All staff and residents had been offered the opportunity to avail

of the flu vaccination.

All staff had attended training in moving and handling. No specific lifting equipment was required in the centre at this time.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

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

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

The inspector was satisfied that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The inspector saw where issues were discussed at meetings with residents and their keyworkers.

There was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. This included access to a behaviour therapist and the psychiatric team which staff said provided very valuable support. Residents had detailed behaviour support plans in place where necessary. The inspector found that they were based on multi-disciplinary input and were of good quality. Triggers and possible intervention strategies were clearly identified. Staff members were aware of the content of these plans and were aware of the need to update them as residents' needs changed.

The inspector noted that each episode of behaviour that challenged was analysed by the multi disciplinary team and plans put in place to prevent reoccurrence. The inspector noted the overall episodes of behaviour that challenged had decreased substantially following the implementation of the plans.

A restraint free environment was promoted and there were no restrictive practices in use at the time of inspection. Staff spoken with told the inspector that restrictive practices were only ever used as a last resort and following risk assessment and the usage was guided by a robust policy.

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):

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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:

The inspector found that the general welfare and development needs of residents were promoted.

Residents were supported by staff to pursue a variety of interests including shopping, swimming and going to the cinema. Outings and outdoor pursuits were popular and a resident told the inspector about the various parks and activities that he had attended. The inspector also saw that residents did not always wish to attend and their choice was respected. Care plans and daily records documented the type and range of activities that they were involved in.

The inspector also saw that various training programmes and educational activities were available for the residents as appropriate. Several of the residents attended the day services and undertook activities such as cookery, computer skills, art and drama. Although not at present, some residents had previously been involved in work placements in the local community and the person in charge confirmed that ongoing work was being undertaken to build links with local businesses.

Residents were not currently undertaking any educational courses but the inspector was aware that if residents choose, courses were available through local colleges.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

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

The inspector reviewed some care plans and medical notes and saw that they had access to their own general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as occupational therapists, physiotherapists, dieticians, chiropodists, opticians and dental services and those specialists previously mentioned under Outcome 8.

The inspector was satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded on a monthly basis or more frequently if required. No resident currently required any specific diet or monitoring and staff discussed how residents were encouraged to make healthy lifestyle choices.

The inspector saw that residents were involved in planning the shopping list, buying groceries and preparing meals. The inspector saw residents actively involved in the preparation of the evening meal and a range of alternatives were available if a particular resident did not like the meal which was prepared. Menu choices for the week were agreed although not in any particular order. A pictorial recipe book had been designed which contained preparation details for residents' favourite meals.

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):

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

Findings:

Although there was evidence of good practice, additional improvement was required to ensure that each resident was protected by the designated centres' policies and procedures for medication management.

The inspector also saw that in some cases the GP had only put initials not a signature on the prescription. This was not in line with the centre's prescribing policy or national guidelines. This had also been identified as an area for improvement at the previous inspection.

The inspector also noted that in some cases the maximum dose that could safely be given in 24 hours for medications to be given as and when required (PRN) was not consistently recorded. The policy also needed to be more specific to guide this practice.

These issues were discussed with the person in charge and the team leaders who undertook to have them addressed. Action required in relation to these two issues will be included under outcome 18.

Otherwise the inspector was satisfied with medication management practices. Daily checks of each medication were undertaken. Detailed descriptions of each medication were available to assist staff. Each resident's medication was supplied in a blister pack and these were stored in a locked box in a locked drawer in a locked press. No resident was self medicating at the time of inspection. The inspector saw that the pharmacist was available for advice and support for staff and residents and had written to residents offering this support if required.

Audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available that regular reviews of residents' prescriptions were carried out. Robust procedures were in place for the return of unused or out of date medication.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives. Minor amendments were required and this was addressed prior to the end of inspection.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and 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 was satisfied that the quality of care and experience of the residents was monitored and developed on an on-going basis and that effective management systems were in place that support and promote the delivery of safe, quality care services.

The person in charge outlined the on-going development work to ensure compliance with the Regulations. Resident satisfaction surveys were completed on a yearly basis. A structured plan was in place to audit each centre within the organisation against the Regulations on a six monthly basis while also undertaking the annual review of services.

Frequent in house audits were completed on areas such as documentation, hygiene, health and safety and medication. The inspector saw that the results of these were used to improve practice. For example the inspector saw where following a medication audit,

additional training was provided to staff.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She was knowledgeable about the requirements of the Regulations and Standards and was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. She worked full time and had responsibility for one other centre in the locality. The inspector saw that she was well known to the residents.

The person nominated on behalf of the provider discussed how a continuous improvement approach had been adopted following the implementation of the Regulations. Audits had been completed to benchmark the service against the Regulations and the Standards. She discussed improvements to date and planned improvements including the development of a resource centre specific for residents with high support needs.

There was also a robust on call rota to ensure back up assistance was available should the centre require it out of office hours.

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):

No actions were required from the previous inspection.

Findings:

The provider was aware of her responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary.

Appropriate deputising arrangements were in place. The residential services manager from another centre provides this cover supported locally by the team leaders.

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.

<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>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.</p> <p>Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly. Staff confirmed that transport was available to bring residents to their home, the various activities and day services.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</p> <p>The numbers and skill mix of staff were appropriate to the assessed needs of the residents. The inspector reviewed the staff rosters and was satisfied that staffing arrangements were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines. The roster was flexible and changes were made on an ongoing basis in order to facilitate the varying schedules of all the residents.</p> <p>The inspector examined a sample of staff files and found that they met the requirements of the Regulations. The provider discussed plans afoot across the organisation to strengthen the induction period for new staff. This will ensure that all</p>

mandatory training is completed prior to the staff member working in a centre.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as behaviours that challenge, first aid and medication management. Certificates of attendance were in the staff files and a training matrix was maintained. Staff spoken with confirmed that there was a range of training available to them. Staff members told the inspector that the person in charge was very supportive of any relevant training which they wished to pursue.

Six weekly supervision meetings were carried out with each staff member to monitor performance and identify any additional training needs.

There were no volunteers in the service at this time.

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):

No actions were required from the previous inspection.

Findings:

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. However some of these policies were not centre specific and did not contain sufficient detail to inform practice. This was discussed in detail with the provider, person in charge and team leaders who undertook to address this. In some cases the relevant information was already available but in a different document.

The action required from Outcome 12 is included under this outcome. This related to a lack of prescribers' signatures and incomplete prescriptions for medications to be given as and when required (PRN). Amendments were also required to the policy.

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored. Adequate insurance cover was in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

The directory of residents was up to date.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sheila Doyle
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-0002665
Date of Inspection:	11 August 2015
Date of response:	02 September 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 18: Records and documentation

Theme: Use of Information

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

Some of these policies were not centre specific and did not contain sufficient detail to inform practice.

The medication policy was not specific enough to guide practice around medications to be administered as and when required (PRN).

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

Some PRN medication prescriptions did not specify the maximum dose that could safely be administered in a 24 hour period.

Some prescriptions did not have a GP signature as required by the policy.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

1. GP Signatures and PRN Medication Prescriptions specifying maximum dose: New Kardex Prescriptions to be completed by GPs in line with the organisation's policy and regulatory requirements
2. Medication Policy amendments to be more specific in relation to PRN medications
Develop Centre Specific Policies in required areas

Proposed Timescale: 1. 11/09/2015 2. 31/10/2015