

**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-0003420
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Rachael Thurlby
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 November 2015 09:15	11 November 2015 19:30
12 November 2015 09:00	12 November 2015 17:00

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

This inspection was the first inspection of the centre by the Authority.

The inspection findings were positive; it was evident that staff had prepared for the inspection process and operated the centre within the parameters of regulatory requirements. The person in charge was absent on leave and the inspection was facilitated by the persons participating in the management of the service (PPIM); the acting person in charge, the team leader and the regional manager.

The inspector reviewed and discussed records, spoke with staff and residents and

observed the provision of supports and services to residents. Based on these inspection findings and the evidence that informed them, the inspector was satisfied that residents and the achievement of positive outcomes with them and for them was the focus of the service.

Relatives and residents were invited to voluntarily complete questionnaires to elicit their experience of the centre. Three questionnaires completed by family members were returned to the Authority, were consistent in their positive acknowledgement of the staff and the supports provided by them and the positive impact of this on their family members quality of life.

Staff spoken with at all times spoke of resident's skills and abilities rather than their disability; residents were observed to be comfortable in their environment and with staff. There was evidence of improved outcomes for residents in areas such as daily functioning, independence and social integration. There was evidence to support the therapeutic management of behaviours that challenged again with positive personal and quality of life outcomes for residents.

Of the full eighteen outcomes inspected the provider was judged to be compliant with thirteen, substantially compliant with two and in moderate non-compliance with three. Improvement was required in the recording of complaints, clarification of final escape routes and medication management procedures.

The findings to support these judgements are in the body of the report; the action plan addressing the identified failings is found 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):

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

Findings:

The inspector saw that residents were relaxed in their environment and with staff and exercised a good level of choice and control over their routines. There were routines as each resident attended structured day services but the inspector saw that each resident was offered choice as to their preferred main meal, shopping, choosing their own clothing and personal items, enjoying a more relaxed pace of life at weekends, what activity they wished to participate in and which staff member they wanted to support them. Staffing levels ensured that residents were facilitated to make differing choices such as staying in or going out.

Staff were seen by the inspector to consult with residents on an ongoing basis but formal weekly house meetings were also held. Minutes indicated that staff consulted with and planned the weekly menu and activities with residents; once a month a more substantive issue such as safeguarding was also discussed.

Each resident had their own personal private space and these reflected their individual interests and personalities. Bedrooms and bathrooms were fitted with privacy locks. Staff were seen to engage with residents and not with each other; staff spoke of residents in a person centred and respectful manner.

Staff said that there were no risks and no restrictions on family or friends visiting the centre and family made both announced and unannounced visits.

The provider operated a structured advocacy service with meetings held in the day service. Staff did not attend these meetings but the minutes and feedback were

circulated to each centre. Residents also had access to the designated advocate within the organisation.

Staff confirmed that religious observance was as per each resident's choice.

However, staff confirmed that the issue of voting had not been discussed or explored with residents so as to ascertain their understanding or interest in exercising their vote.

Staff said and the inspector saw from records seen that staff listened to concerns raised and acted to resolve matters, for example when a resident expressed dissatisfaction with their bedroom or their day service. An information booklet on how to make a complaint and what to do if the complainant was dissatisfied with the management of a complaint had recently been introduced and was available in the front hall; it had also been issued to all families. However, staff said that there were no recorded complaints in the centre and staff agreed that while matters were complained of staff did not record these in line with the provider's complaints policy and procedures including the available recording and reporting templates. Staff said that they would record and address such issues on the daily progress notes or through e-mail. The inspector also saw issues that would reasonably be seen as expressions of dissatisfaction recorded in the family contact log. It was therefore difficult to see how oversight was kept of complaints, their management, their resolution and complainant satisfaction.

Measures were in place including staff support and guidance to ensure that each resident exercised control over their own finances. Staff maintained a financial ledger for each resident into which was recorded each transaction and the purpose of that transaction. Each transaction required a supporting receipt and the inspector saw that these were in place for a random sample of transactions cross-referenced. Staff completed a daily balance check and the PPIM undertook monthly reviews of each resident's ledger.

Judgment:

Non Compliant - Moderate

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:

Staff reported that residents had good verbal communication ability and no specific requirement for assistive or augmentative communication strategies. The inspector saw that staff had however as necessary identified interventions to enhance communication

with due regard for each resident's individual ability. For example residents had assisted in the compiling of a pictorial meal planner, there was a visual staff rota in place and easy read versions of core policies such as the complaints procedure. Support plans were in place that detailed for staff how some residents may communicate emotions, pain or anxiety and potential barriers to communication such as noise or crowded places; strategies to be employed by staff were also detailed such as the use of short clear sentences.

Residents were seen to have ready access to the telephone and were also informed by staff of any communication received on their behalf. Residents were seen to enjoy magazines, television and music and had access to a computer and the internet.

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:

Staff reported, records seen and residents spoken with confirmed that family and personal relationships and community integration were integral to resident life in the centre.

Staff established an agreement with each family outlining the extent and precise nature of the communication that they required from staff; staff then maintained a log of each occasion of family contact. It was evident that staff consulted with and worked with families in planning and providing supports, for example the inspector saw records of daily contact in times of illness.

All residents continued to enjoy planned structured visits home. Photographs of family and social occasions were on display throughout the centre or in personal photo albums.

In addition to their role as family member, staff facilitated residents to have ongoing access to their friends and peers. One resident told the inspector how they had recently enjoyed a short holiday with a friend supported by staff.

The centre was located a short commute from the main town and staff said that the facilities available in the community were incorporated into the residents social activities. This was evident in the personal plans and in the minutes of the residents meetings with residents enjoying trips for coffee or meals out or attending local beauticians and

hairdressers at weekends. Staff and residents went for walks in the locality and reported positive relationships with neighbours

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:

As outlined in the statement of purpose and function staff confirmed that all admissions to the centre were referred through the statutory body and a forum at which all local service providers were represented. Referral and placement was based on needs, the supports required and available; due consideration was given to existing residents. Explicit transition plans for a resident's admission and integration into the centre were in place.

Each resident was seen to have a signed agreed contract for the provision of services. The contract was clearly presented, outlined the supports and services to be provided, the arrangements for consultation with the resident and the level of control that each resident had over the house, their routine and personal possessions.

However, there were some anomalies between the contract and practice such as staffing arrangements, contributions to household bills and services that were availed of by residents but not included in the basic fee. Based on verbal feedback from the inspector these were clarified and amended prior to the conclusion of the inspection.

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

Theme:

Effective Services

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

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

Findings:

Overall the inspector was satisfied that the provider and staff were committed to ensuring that each resident was supported to enjoy positive outcomes; the arrangements in place to facilitate this were outlined in each resident's personal plan. The information relayed to the inspector by staff and residents and the practice observed reflected the content of the personal plan. For example the inspector observed staff to assist a resident in preparing birthday cards for friends and family; this was one of the resident's listed desired goals/achievements.

Each personal plan was informed by an assessment of the resident's strengths and needs and a baseline and annual multidisciplinary (MDT) review. As appropriate family were invited to and inputted into the annual review of the personal plan. From each assessment the supports required by each resident were identified as were each resident's desired outcomes and achievements; these were then categorised into groups such as education or maximising independence and social inclusion. Each outcome had an action plan that tracked the progress of its achievement. Supports and desired outcomes were reviewed monthly by staff on the basis of a key worker meeting with each resident. Residents spoken with confirmed the supports they received to achieve and progress goals such as going on holiday, maintaining wellbeing, attending social events or participating in voluntary work.

The inspector was satisfied that residents did participate in the personal planning process but this was largely evidenced in the plan by staff rather than by the resident, for example staff wrote "I discussed with". This was discussed with staff by way of recommendation as to how they could better demonstrate the maximum participation of the resident such as resident signatures where possible or perhaps photographic evidence of the key worker meetings.

Some residents were in receipt of supports from other service providers such as day services and multidisciplinary team (MDT) supports. Based on records seen and staff spoken with there was some reported inconsistency between services.; staff said that they did not always have access to records of MDT reviews; staff expressed concern as to the impact on residents of changing day services with four recorded changes seen by the inspector in one instance, and the impact of the required daily travel time. The last recorded MDT review on file for one resident was June 2014 and the inspector was not reassured as to the rationale provided to not support any proposed changes to the resident's current day support plan; timeframes and responsible persons were not identified. However, minutes of an MDT meeting held in March 2015 and provided to the inspector post-inspection were detailed and person centred, the MDT was well represented and there was evidence that arrangements were in place for consultation

with the resident's representative. Actions, responsible persons and timeframes were clearly identified. Based on the concerns articulated by staff and the inconsistency between the MDT records seen, in line with Regulation 6 and 7 inclusive, an MDT review was required not necessarily on an annual basis, but in line with any changes in the residents needs and circumstances so as to evaluate the effectiveness of all supports, how they were suited to the resident's overall needs and circumstances with the sole objective of achieving the best possible outcomes for the resident.

Judgment:

Substantially 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 premises was a spacious, two-storey domestic type building located in a residential area within a short commute of all local facilities. The premises were of a high standard, well-maintained, homely and welcoming in presentation. The inspector was satisfied that it met regulatory requirements and was suited to its stated purpose.

The premises were visibly clean, comfortably heated, lighted and ventilated.

All resident private accommodation was on the first floor. Staff said and the inspector saw that residents readily accessed the first floor. Each resident was provided with their own bedroom; rooms were of sufficient space to meet their needs including space for personal storage. Rooms were personalised and reflected individual resident's interests and personalities.

Two of the bedrooms offered en suite sanitary facilities. In addition there was a fully equipped bathroom on both the first floor and ground floor both with bath and shower; there was an additional toilet on the ground floor.

Residents had access to one communal area but this was spacious and comfortable and allowed for differing activities.

The kitchen and dining area were combined. The kitchen was fitted to a high standard and adequately equipped. The dining area offered space for both dining and recreational seating.

Adequate provision was made for storage.

Facilities were in place for the laundering of resident's personal clothing.

Residents had access to a compact but attractive garden. The garden contained a swing seat that one resident reported enjoyment of.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector saw both organisational and centre specific safety statements that were signed as read and understood by staff.

The safety statement included the procedures for the identification and assessment of risks and the recording, reporting and investigation of accidents, incidents and adverse events.

The inspector reviewed the local risk management folder; this included a suite of generic risk assessments, the risks as specifically required by Regulation 26 (1) (c) as well as risks specific to the centre and as they applied to individual residents. The risk assessments seen were detailed; set out the controls in place and responsible persons for their implementation. The risk assessments reflected the dynamic nature of risk and were reviewed and amended as necessary.

The provider had a centre specific business continuity plan that set out for staff the actions to be taken in defined emergency situations; the plan included alternative accommodation for residents if required.

The inspector saw that emergency lighting and an automated fire detection system were in place. Both diagrammatic and fire action notices were prominently displayed; the latter was in a format that enhanced its accessibility to residents.

Fire fighting equipment was prominently positioned and there appeared to be evidence of fire doors and compartmentation.

Fire related records were maintained in the fire fact file. The inspector saw certificates confirming that the fire detection and fire fighting equipment and the emergency

lighting were inspected and tested at the prescribed intervals and most recently in October, August and September 2015 respectively. Staff maintained records of the in-house inspection of escape routes and fire safety equipment.

Training records indicated that staff were provided with fire safety training on an annual basis. Staff spoken with confirmed their attendance at training and articulated knowledge of the actions to be taken in the event of fire.

Each resident had a current personal emergency evacuation plan and had also in April 2015 participated in fire safety training. The PPIM reported that further to the training, residents demonstrated enhanced co-operation with the evacuation procedure. Simulated fire drills were convened on a quarterly basis; good and adequate evacuation times were recorded as achieved.

However, the inspector noted that while staff said that there were four escape routes and final exits, only three exits were indicated on the diagrammatic evacuation plan and only one exit was indicated in practice by the required signage. On the day of inspection one possible escape route was obstructed by equipment and had a sign in place stating that it was not to be used.

Staff completed a weekly visual safety check of the available transportation. There was a central transport department that co-ordinated the maintenance and servicing of the vehicle.

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:

There were measures in place to protect residents from harm and abuse; these included organisational and national policies and procedures, designated persons, risk assessments and staff training. Staff said that there had been no incident of alleged, suspected or reported abuse. Residents told the inspector that they felt safe and that the centre was a "good place". Records seen supported that staff were attuned to

resident's concerns and worries and any altered patterns of behaviours and discussed these and any actions required to support residents.

Each resident had a personal/intimate care plan and staff spoken with described practice that was respectful of resident choices and gender.

There was evidence to support the evidence based management of behaviours that challenged or had the potential to harm staff and other residents. The provider's policies promoted a therapeutic response and the use of restrictive interventions only as a last resort; this was evidenced in practice. Behaviour management guidelines/plans were in place as appropriate and these were supported by local behaviour management protocols. Staff reported a decreased incidence of behaviours that challenged and this was reflected in records seen including the behaviour management plans, incident records, PRN "as required" medication records, submissions made to the restrictive practice committee and notifications submitted to the Authority. When asked by the inspector for a rationale for the decreased incidence of behaviours and the improved quality of life outcomes for residents staff said that this resulted from staff engagement with and the consistent implementation by staff of behaviour management guidelines, good systems such as access to psychiatric and behaviour management supports and communication and co-operation with families.

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:

Staff said that an electronic system was recently introduced for recording accidents and incidents; the record went directly to the person in charge for review.

Accident and incident records on file were largely hard copy. These were seen to be completed by staff to provide the required detail; required actions were linked to the behaviour management guidelines and support plans seen by the inspector.

Based on the records seen the inspector saw satisfied that all required notifications were submitted to the Chief Inspector.

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:

With due regard to each resident's individual skills and ability, residents were facilitated to enjoy new and preferred experiences, social integration and participation, and opportunities to experience meaningful occupation.

Each resident had access to day services Monday to Friday and had a weekly activity planner for both the day service and the centre. Residents engaged in a broad range of activities that co-related with their desired outcomes/achievements in the domains of education, social roles and inclusion, or maximising independence. These included physical and team based activities such as swimming, horse riding, soccer and basketball, table-top activities and boccia (a precision ball sport). Residents had as appropriate access to social skills training, financial management and practical skills training such as baking and programmes based in the local community including wicker-making, music, "laughter-yoga" and participation in the local tidy-towns initiative. Participation was based on the premise of learning and success and at times simply focussed on achieving independence in the activities of daily living. For other residents it extended to participation in work experience programmes.

There was evidence that ongoing participation in any programme was informed by resident choice with some residents reporting to staff that a particular class was "not for them".

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:

Staff reported that residents enjoyed good physical health.

All residents required staff and at times family support and guidance to maintain health and well-being. Records seen indicated that staff supported residents to access regular and timely medical review and treatment with their General Practitioner (GP). This included the management of any acute illness and promoting and maintaining wellbeing. There was evidence that residents were facilitated to participate in national screening programmes. Where a resident declined any intervention the impact of this was evaluated in a balanced and proportionate manner. There was evidence of regular blood profiling and access to other healthcare services including dental care, optical review, chiropody, psychology and psychiatry.

At the time of inspection there was evidence that staff supported residents in times of illness or while recuperating from treatment. This included monitoring symptoms, administering prescribed treatments and putting staffing supports in place in the centre when residents were unable to attend the day service.

Residents did not have specific dietary requirements but there was evidence that staff encouraged residents to make healthy lifestyle choices: these included exercise and diet. Staff were seen to freshly prepare the daily main meal; the meal planner offered a variety of healthy and appetising options.

However, while there was evidence of monitoring and action taken by staff in response to intermittent or recurring problems, the evidence was in the daily progress notes or as described to the inspector by staff and not always specifically set out in a health focussed support plan. The areas identified that would benefit from such a plan included a chronic/recurring leg wound, continence promotion, weight management and health promotion of the context of some prescribed treatments.

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:

There were both organisational and local policies and procedures on the management of medications.

No resident was self-managing their medications but each resident had been assessed as to their capacity, ability and willingness to self-administer safely. Each resident had a detailed medication management plan that set out the rationale for and administration guidance for each prescribed medication including medications prescribed on a PRN (as required) basis.

Medications were supplied in a monitored dosage system. Each resident had a current medication prescription record and administration record. A staff signature sheet was maintained and staff signed for each individual medication administered. There was evidence that medication prescribed as a result of illness such as an antibiotic was obtained by staff in a timely manner.

No resident required their medication in an altered format (crushed) and medications that required stricter controls were not in use.

Staff had systems in place for monitoring the accuracy of medications supplied. Staff said that they were confident completing this task based on the training provided to them; they also had a medication identifier available to them. Medication management procedures included the checking of medications when they were delivered, when they were transported such as for home leave, and routine daily checks of stock balances.

There was secure storage in place for medications, however this required review to ensure restricted access to the keys and that nothing other than medications was stored in the facility.

There were policies and procedures on the management of medication errors. There was evidence that errors were detected by staff, reported and investigated with feedback to staff of the corrective actions required. However, staff confirmed that errors were noted when staff checked supplied medications on delivery; these were rectified by staff with the supplier but not recorded as errors and therefore not monitored or risk assessed to identify any further action required to ensure that residents were not exposed to unnecessary risk. Staff described the occurrence as "frequent".

While medication errors by staff had each been dealt with as they occurred and corrective action including seeking medical advice was taken, three were identical errors and indicated that staff did not at all times adhere to medication management policy and procedure. These errors were not obvious from the medication administration records as staff signed for the medication as prescribed but not as administered.

Judgment:

Non Compliant - Moderate

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
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The statement of purpose submitted with the application for registration contained most of the required information; it was however due for annual review and it did not set out the arrangements for residents to access education, training and employment. These omissions were rectified by staff based on verbal feedback and the updated version was submitted to the Authority.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There was a clear management structure in place consisting of the team leader (PPIM), the person in charge and the regional manager. All staff spoken with were clear on their respective roles, responsibilities and reporting relationships. The inspector was satisfied that all persons involved in the management of the centre were knowledgeable as to regulatory requirements, demonstrated accountability for the service and the residents, a commitment to ongoing improvement and positive outcomes for residents. Based on these inspection findings the inspector was satisfied that the centre was effectively governed.</p> <p>The person in charge was on leave but an acting person in charge had been appointed. The acting person in charge was suitably qualified in the provision of social care services, was employed full-time and had established experience in the service, in the provision of supports to residents and in the supervision of staff. On a day to day basis the operational management of the centre was co-ordinated by the team leader who was present in the house Monday to Friday. Staff had ready access as required to the regional manager and opportunities for discussion, learning and peer support were</p>

facilitated through monthly regional management meetings.

Staff confirmed that there was an on call out of hour's manager available within the wider organisation and the rota was readily available to staff.

There was evidence that on a day to day basis the quality and safety of the care and services provided to residents was monitored through consultation with residents, the review of support plans, staff meetings and the monitoring of incidents and accidents. Arrangements were also in place for the completion of the annual review and the unannounced visits to the centre as required by Regulation 23 (1) and (2). This process involved consultation with residents and representatives. Reports were available for inspection and indicated a high level of customer satisfaction and a high level of compliance with the requirements of the audit process. Where actions were required there was recorded evidence of their progression to completion. While there were some anomalies between these inspection findings and the provider's own findings, overall both processes identified a good level of regulatory compliance and the provision of quality person centred services to residents.

There were processes in place through the staff meetings and staff supervision system that facilitated staff to raise their observations and concerns.

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:
The provider was aware of and had exercised its responsibility to notify the Chief Inspector of any planned absence of the person in charge and of the arrangements in place for the management of the centre in her absence. There was no evidence to suggest that the arrangements in place were not suitable.

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:

Based on these inspection findings the inspector was satisfied that the centre was adequately resourced. What was observed reflected the statement of purpose. There was no evidence that a lack of resources impacted on residents achieving the objectives of their individual personal plans.

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:

Recruitment was centralised. Staff files were made available for the purpose of inspection and the sample reviewed satisfied the information requirements of Schedule 2 of the Regulations.

There was a planned staff roster that was managed by the team leader. Staffing levels were appropriate to residents needs and 1:1 staffing was in place. Some staffing deficits had arisen recently due to vacated posts and relief staff were utilised to manage these deficits. The PPIM confirmed that an explicit agreement was in place between the provider and the staffing agency. The use of relief staff was planned to ensure that deficits were managed but that any change and inconsistency did not impact negatively on residents. Night time staffing arrangements had recently been reviewed and now consisted of two sleepover staff rather than a waking staff. All staff spoken with were clear that this was solely due to no requirement in practice for waking staff but would remain under review. There was no evidence available to the inspector that waking staff were required; overall there was evidence that staffing arrangements were planned to

meet residents' needs.

Staff training records were reviewed by the inspector and indicated that all staff had current training in fire safety, protection and safeguarding, manual handling, and responding to behaviours that challenged. Additional completed training included medication management training, person centred planning, food safety, risk management, augmentative communication techniques and supporting persons with mental health problems.

There were structured formal monthly staff meetings; staffing arrangements were managed to ensure maximum attendance. The minutes of meetings were detailed with a focus on both staff and resident related issues.

There was a structured formal staff supervision process undertaken with each staff member on a four to six week basis. Again the records of these meetings were comprehensive and any issues arising in practice such as medication errors were seen to be addressed in this process.

There were no volunteers currently working in the centre.

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:

Overall the inspector was satisfied that 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 were in place and were retrieved by staff as requested by the inspector.

There was documentary evidence that the provider had appropriate insurance in place.

There were policies that satisfied regulatory requirements and reflected the centre's practice.

The residents guide satisfied regulatory requirements and was available in a format that enhanced its accessibility and usefulness to residents. The residents guide was available in the entrance hallway.

A directory of residents was maintained and available. However, it did not include all of the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment:
Substantially Compliant

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 Moore
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-0003420
Date of Inspection:	11 November 2015
Date of response:	18 December 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The issue of voting had not been discussed or explored with residents so as to ascertain their understanding or interest in exercising their vote.

1. Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise

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

his or her civil, political and legal rights.

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

The service held a residents house meeting to discuss politics and voting. The upcoming election was discussed and staff will source easy read material to assist the service users in making informed decisions.

The staff will ensure the service users are on the electoral register and support them to vote should they wish to.

Proposed Timescale: 31/12/2015

Theme: Individualised Supports and Care

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

While matters were complained of staff did not record these in line with the provider's complaints policy and procedures including the available recording and reporting templates.

2. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

A local complaints log was put in place on the day of the inspection. A recent complaint by a family member has been logged and is being managed using the local process. Local complaints will be recorded in this manner moving forward.

Proposed Timescale: 11/11/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

MDT review should be undertaken as frequently as required and not necessarily on an annual basis in line with any changes in the residents needs and circumstances

3. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The Regional Manager has made contact with the HSE and requested a case conference/MDT be facilitated as soon as possible.
The service is currently waiting on a response to this request.

Proposed Timescale: 31/01/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The inspector noted that while staff said that there were four escape routes and final exits, only three exits were indicated on the diagrammatic evacuation plan and only one exit was indicated in practice by the required signage

4. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The evacuation plan has been revised to show the correct exit and identify which is the one with signage.

Proposed Timescale: 17/12/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Medication storage required review to ensure restricted access to the keys and that nothing other than medications was stored in the facility.

Three recorded medication errors were identical errors and indicated that staff did not at all times adhere to medication management policy and procedure including the five rights of medication administration.

Errors in medications supplied were not recorded as errors and therefore not monitored or risk assessed to identify any further action required to ensure that residents were not exposed to unnecessary risk.

5. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered

as prescribed to the resident for whom it is prescribed and to no other resident.

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

- The medication is stored in a separate locked cabinet.
- The keys are kept in a locked key cabinet.
- All medication errors were discussed at staff meetings.
- The service requires 2 staff to administer medication when staffing levels allow.
- 2 staff must check in medication to avoid errors occurring.
- All errors identified from the dispensing pharmacy will be recorded as medication errors.

Proposed Timescale: 30/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The directory of residents did not include all of the information specified in paragraph (3) of Schedule 3 of the Health Act 2007.

6. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

Directory of residents has been updated to include gender and marital status.

Proposed Timescale: 30/11/2015