

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by RehabCare
<b>Centre ID:</b>	OSV-0005382
<b>Centre county:</b>	Tipperary
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	RehabCare
<b>Provider Nominee:</b>	Rachael Thurlby
<b>Lead inspector:</b>	Mary Moore
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 1 day(s).

**The inspection took place over the following dates and times**

From: 31 March 2016 09:45 To: 31 March 2016 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 Health Information and Quality Authority. This new centre, planned to provide supported accommodation for one resident, was pending registration and therefore not operational at the time of this inspection. The inspection was facilitated by the person in charge; the inspector also met with the team leader and the proposed resident; the regional manager was also available to the inspector and attended verbal feedback at the conclusion of the inspection.

The inspector was satisfied that there was sound staff knowledge and systems in place to ensure regulatory compliance once the centre was operational. There was clear evidence from staff and from the resident that this was a transition that was planned to facilitate its success and positive outcomes for the resident. For example, the resident and family were involved in the transition plan and staff currently working with the resident and providing supports were relocating to the centre with the resident.

The inspector reviewed policies and procedures, the support plan, fire and health and safety related records. The inspector also integrated evidence from the recent inspection of the centre where the resident is currently residing and how that evidence was to apply in this new centre.

One failing was identified and an action plan was issued in relation to further works required to the existing fire safety measures. These failings are discussed in Outcome 7.

**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 was satisfied that the provider was committed to respecting the resident's rights including their right to community integration and consultation and participation in decisions about their life and their supports. This was further evidenced in the overall objective of the resident's relocation to enhanced independent but supported living in the community. Staff said and the resident confirmed their involvement in decisions pertaining to moving into this new centre, including visiting the centre to ascertain its suitability and choosing furnishings and fittings.

Staff spoken with described the importance of respecting the resident's opinions, of "negotiation" and sufficient time so that residents made informed decisions and had a sense of ownership over final decisions made in relation to daily routines or larger decisions such as attending appointments.

In consultation with the resident staff devised a weekly planner. Staff said that there was rarely an issue where the week did not go to plan as the final plan was of the resident's choosing and based on their explicit preferences.

Residents were registered to vote and were facilitated by staff to exercise their vote in the recent election.

Residents had access to independent advocacy services and there was evidence that residents were supported by the advocate as necessary in decisions relating to their supports and services. Advocacy input was welcomed and supported by staff.

Residents were free to exercise their religious beliefs as they choose; there was a chapel available on site or residents could choose to attend ceremonies in the wider community.

The resident's financial capacity was formally assessed to evaluate the level of support, if any, required from staff. Where staff support was required there was evidence of balances, supporting receipts, staff and resident signatures to support each transaction. Oversight was maintained through the completion of daily balances by staff and weekly review by the team leader.

The complaints procedure was displayed. Staff were clear on the provider's complaints policy and procedures and what constituted a complaint. The person in charge confirmed that a log of complaints would be maintained that would identify the action taken by staff in response to any matters raised and if these actions were sufficient to address the matter and satisfy the complainant.

**Judgment:**  
Compliant

## **Outcome 02: Communication**

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

**Theme:**  
Individualised Supports and Care

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

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

### **Findings:**

Staff reported that residents enjoyed good verbal communication ability and literacy skills and communicated effectively with staff and others. There was no requirement for assistive or augmentative strategies. Based on the inspectors own interactions, the inspector was satisfied that this was correct.

Residents were seen to have communication support plans that outlined individual ability and preferences and how staff were to communicate with residents so as to respect these preferences.

Residents had daily ready access to the local community, radio, television and mobile phones.

**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 said, residents confirmed and there was documentary evidence that residents were supported to development and maintain family and personal relationships. Staff supported residents to enjoy home visits and there were no unreasonable restrictions on visits to the centre. As appropriate, family were consulted and involved in the resident's personal planning process. Home visits and social meetings with friends and peers were integrated into the weekly activity planner.

Transport was available and dedicated transport solely for the use of this centre would be available once the centre was operational.

The inspector saw from records seen and residents confirmed that staff supported them to access local amenities such as shops, restaurants, pubs, sporting events and recreational facilities.

Upon her appointment in the locality the person in charge had sent a letter of introduction to each family and also advised them that their feedback, comments or complaints were welcome at all times.

**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:**

There were policies and procedures governing admission to the centre. It was evident that the admission process, for example in the chosen location and staffing plan, had considered the needs and wishes of the resident.

The resident had been provided with an updated contract for the provision of services and supports which detailed the supports to be provided and any contributions that the resident was personally liable for.

**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):**

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 personal plan was informed by an assessment of the resident's strengths and needs on admission, information received from other relevant stakeholders and multidisciplinary review, most recently in September 2015. As appropriate family were invited to and inputted into the review of the personal plan. From each assessment the supports required by the resident were identified as were the resident's desired outcomes and goals; each goal had an action plan that tracked the progress of its achievement; timescales and responsible persons were also identified.

The support plan and its review were signed off by both staff and the resident.

There was a clear plan to support successful transition between services; both staff and the resident were clear that this was an exciting but somewhat "daunting" move and that adequate and appropriate support was pivotal to successful transition. The inspector was satisfied that this support from staff and family was in place.

**Judgment:**  
Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**  
Effective Services

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

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

**Findings:**

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 personal plan was informed by an assessment of the resident's strengths and needs on admission, information received from other relevant stakeholders and multidisciplinary review, most recently in September 2015. As appropriate family were invited to and inputted into the review of the personal plan. From each assessment the supports required by the resident were identified as were the resident's desired outcomes and goals; each goal had an action plan that tracked the progress of its achievement; timescales and responsible persons were also identified.

The support plan and its review were signed off by both staff and the resident.

There was a clear plan to support successful transition between services; both staff and the resident were clear that this was an exciting but somewhat "daunting" move and that adequate and appropriate support was pivotal to successful transition. The inspector was satisfied that this support from staff and family was in place.

**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. 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 risk management folder; this included a broad range of generic risk assessments, the risks as specifically required by Regulation 26 (1) (c) as well as risks specific to the centre. Resident specific risk assessments were incorporated into the personal support plan. The risk assessment process had been refined based on recent inspection findings and any required controls were now explicitly stated.

There was 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.

There was a central transport department that would co-ordinate the maintenance and servicing of any vehicle supplied to the centre.

An automated fire detection system was in place as was fire fighting equipment. Fire related records were maintained in the fire fact file. The inspector saw a certificate confirming that the fire detection system was inspected and tested in January 2016; fire fighting equipment was signed as serviced in February 2016. There were procedures in place for the monitoring of fire safety measures by staff once the centre was operational. Staff attended fire safety training annually; in preparation for the opening of the centre, staff and the resident attended centre specific fire safety training on the 21 March 2016.

However, deficits were identified in fire safety measures. These included:

- the unit was not equipped with emergency lighting
- fire escape routes were not indicated
- the variety of available fire fighting equipment required review to ensure that equipment suitable for use on all types of fires was in place
- there was no fire detection in the storage area that contained some electrics and access to the attic space
- fire action and fire evacuation notices were not displayed
- one final fastening was of a manual lock and key type.

The person in charge had completed a fire risk assessment of the premises on the 25 March 2016 and had also identified many of the above deficits. The provider was requested to address these identified failings and provide reassurance to the Authority that effective fire safety management systems were in place in the centre prior to registration and operation of the centre.

**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. Staff said that residents had good capacity for self-protection; safeguarding scenarios, dignity and respect were themes discussed with residents by staff.

Residents had a personal or intimate care support plan that outlined the limit of the supports required from staff, for example, checking the temperature of the shower and allowing the resident to undertake personal care in private.

There were no reported behaviour that challenges or posed a risk to others; there were no reported restrictive practices. Based on the records seen by the inspector over the course of the inspection there was no evidence to the contrary available to the inspector.

There was minimal evidence of a requirement for PRN (as required) medication.

Training records indicated that proposed staff had received training in safeguarding most recently in February 2016, and in the management of behaviour that challenges in 2015.

The names and contact numbers of designated persons were clearly displayed for staff, residents and 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:**

The person in charge had sound knowledge of her responsibility to submit required notifications to the Chief Inspector. The person in charge was clear that while she was supported on a daily basis by a team leader she took responsibility for the submission of notifications from each designated centre she was responsible for.

**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:**

The inspector was satisfied that staff were committed to working with and supporting residents in achieving positive quality of life outcomes, promoting opportunities for residents to enjoy new experiences, learn new skills, enhance their independence, personal development and social integration. This was reflected in this relocation initiative and on a daily basis the inspector saw that staff supported residents to avail of a range of social activities and experiences including the cinema, dining out, pampering routines, sport activities, shopping, musical events and the opportunity to meet with peers and family either outside of the centre or in the centre.

The weekly planner was signed by the resident and staff, reflected the goals and objectives of the personal plan and confirmed that residents were also supported to explore new experiences such as employment. Staff spoken with confirmed that further options currently being explored for possible introduction included training in practical life skills and access to further education. Staff were aware of the resident's particular

skills and preferences and ensured that they participated in programmes that suited these and were therefore successful.

**Judgment:**  
Compliant

### **Outcome 11. Healthcare Needs**

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

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**

The assessment process supported both the social and healthcare domains of the resident's life. Residents had access to their general practitioner (GP) of preference and there was documentary evidence that residents were supported by staff to access medical review and treatment in line with their specific needs. In addition, on-going wellbeing was supported by referral and access to the multidisciplinary team, again as appropriate to needs, and records of referrals and reviews were in place. Other services such as dentistry, chiropody and optical review were accessed in the local community. Healthcare support plans were in place where there was an established healthcare need; staff spoken with were familiar with the plan and the required supports. Staff recognised and respected a resident's right to refuse treatment but also explained to the inspector how they negotiated with residents so that good and informed healthcare related decisions were made.

**Judgment:**  
Compliant

### **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**

The inspector saw policies and procedures governing the management of medication. The practice described by staff was as outlined in these policies and procedures. Medications were supplied by a community pharmacy and staff said that residents were known to and had access to the pharmacist. Secure storage was not yet in place but there was evidence available that this had been sourced and would be in place prior to occupation of the centre.

The inspector saw a current signed and dated prescription and a corresponding administration record, a medication plan and protocol for administration of PRN (as required) medication as appropriate. The maximum daily dosage of PRN medications was stated.

Staff completed an assessment to establish resident capacity and independence or the requirement for staff supports in medication management matters.

Staff had received the required training including training in the administration of medications required in emergency situations.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The statement of purpose contained all of the information required by Schedule 1 and was an accurate reflection of the services and supports to be provided.

**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):**

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

**Findings:**

There was a clear management structure in place consisting of the team leader, who was also the Person Participating in Management, the person in charge and the regional manager. The provider was in the process of recruiting an additional team leader so that the person in charge would have the support of a team leader in each of the three designated centres under her remit.

Staff were clear on their respective roles, responsibilities and reporting relationships and described supportive and collaborative working relationships.

The person in charge was appointed to that role in November 2015. The person in charge was suitably qualified in the provision of social care services and management, was employed full-time, had established experience in the service, in the provision of supports to residents and in the supervision of staff having worked as a team leader. The person in charge had facilitated inspections previously and had demonstrated an understanding of, learning from and commitment to regulatory requirements. The person in charge at all times articulated a commitment to achieving positive outcomes with and for residents. The person in charge is currently responsible for two designated centres; once registered this will be her third area of responsibility. The person in charge while acknowledging the challenges said that she had the capacity and supports required to ensure the effective governance and operational management of each of the designated centres.

The team leader was employed full-time but also worked at weekends. The team leader also held relevant qualifications for the role and had established experience in the sector, with the provider and as a team leader.

Staff confirmed that they had ready access as required to the regional manager and opportunities for discussion, learning and peer support were facilitated through structured regional management meetings and team leader 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. Support and advice was also available from other designated centres in the area.

The person in charge said that she had advised the provider's quality and standards department of the proposed opening date of the centre and requested them to put arrangements in place for the completion of the annual review and unannounced visits to the centre as required by Regulation 23 (1) and (2).

The person in charge confirmed that staff would have formal and informal forums for raising any issues or concerns including staff meetings and monthly supervision.

**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 has exercised its notification responsibilities in relation to any change to or absence of persons in charge in its designated centres. There were suitable arrangements in place for the management and oversight of the service in the absence of the person in charge.

**Judgment:**  
Compliant

**Outcome 16: Use of Resources**

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

**Theme:**  
Use of Resources

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

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

**Findings:**

The inspection findings indicated that the centre was and would be adequately resourced to ensure the provision of the required supports and services. The person in charge confirmed this.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The transition plan included the agreed staff-to-resident support ratio and the staffing arrangements based on resident's assessed needs. The person in charge confirmed that the agreed ratio was one-to-one support at all times and a "waking" night staff arrangement.

Staff were in post and staff files were available for the purpose of inspection. The sample reviewed was well presented and contained all of the information required by Schedule 2.

From the staff records the inspector saw that many staff had completed relevant or transferable education and training to FETAC (Further Education and Training Awards Council) Level 5; these included train the trainer, healthcare support and nursing studies. General training records had been amended based on previous inspection findings to ease the retrieval of accurate information as to training completed by staff. Staff had completed mandatory training in safeguarding, fire safety, manual handling and responding to behaviours that challenged; refresher training was scheduled. Staff had also completed further relevant and required training including an overview of regulation and regulatory requirements, medication management training, first aid, epilepsy awareness and the provision of personal supports.

There was a structured formal process for supporting and supervising all grades of staff; the person in charge confirmed that this would be implemented 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:**

The centre was not operational, however, 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 either were in place or would be in place.

The person in charge had secured a suite of the policies required by Schedule 5.

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

The resident's guide was available in a user-friendly format and contained all of the required information.

**Judgment:**

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

Provider's response to inspection report<sup>1</sup>

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0005382
Date of Inspection:	31 March 2016
Date of response:	3 May 2016

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 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 centre was not equipped with emergency lighting
- fire escape routes were not indicated
- the variety of available fire fighting equipment required review to ensure that equipment suitable for use on all types of fires was in place
- there was no fire detection in the storage area that contained some electrics and

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

access to the attic space

- fire action and fire evacuation notices were not displayed
- one final fastening was of a manual lock and key type.

**1. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- Emergency lighting has been installed in the property
- All escape routes are indicated with signage
- Fire equipment has been installed throughout the property along with fire action and evacuation notices
- A fire sensor to be installed in the storage area
- The lock has been changed from a turn key to a thumb turn type on the patio door
- An RD10 form is being completed by a suitably qualified professional to indicate compliance with statutory requirements relating to fire safety and building control

**Proposed Timescale:** 20/05/2016