

**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-0002688
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Mary McCann
Support inspector(s):	Geraldine Jolley;
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 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 July 2014 12:30 To: 29 July 2014 16:00

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of this centre by the Health Information and Quality Authority (the Authority). Inspectors found the staff and person in charge (PIC) had made efforts to ensure that they ran a service where they listened to the views of the service users and supported them to do the things that they requested that would like to do.

The centre is a semi detached house which provides accommodation to four service users. When the inspectors visited there were four male service users accommodated. A staff member is available each evening and morning and is on call during the night. The service users told the inspectors that they knew they could call the staff at any-time during the night. Inspectors talked with service users and staff, observed how the staff interacted with the service users and looked at files of the service users with their consent.

Service users told the inspectors that they liked living in this house and that staff helped them to do as much as possible for themselves. Service users were aware they could contact staff at any time during the night. All service users' had a key worker, who assisted and encouraged them to achieve their personal goals and increase their quality of life.

Inspectors noted that emergency lighting and the fire alarm was serviced in a timely manner and records, such as medical and social care allied health care professional records were available for each resident.

Areas of non-compliance related to risk management, ensuring the changing needs of service users were assessed, addressed and planned for appropriately, review of the staff roster and review of the Statement of purpose.

The action plans at the end of the report reflect the non compliances with The Health Act 2007 (Care and support of service users in designated centres for persons (Children and adults) with disabilities) Regulations 2013.

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

Inspectors were satisfied that the care supports provided to the service users were appropriate to meet their assessed needs. Inspectors reviewed three service users' files and found that each resident had a comprehensive assessment completed. This detailed the interests and preferences of the service users. Inspectors found that staff encouraged the service user's independence by working with them to achieve their goals for example attending a knitting group, active age activities or working in the local community. The centre has a resource centre which all service users attend. A training and education programme with activities which develop personal, social, independent and work skills were on offer at this centre.

Inspectors found that service users, day and residential staff and significant others such as family members were involved in the development of their personal files. A copy of the day services goals achieved was sent to the residential service and there were monthly meetings between the day service key worker and the residential service key worker. Staff members were named to take forward objectives in the plan within agreed time-scales.

The personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change for example development of poor mobility, deterioration in physical health or other common associated problems. Service users had access to an advocacy service.

Judgment:

Non Compliant - Moderate

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 house has 5 bedrooms. One bedroom is a staff sleepover room. Shared space included kitchen cum dining room, sitting room, utility room, shower room and bathroom. A ground floor toilet is also available.

All bedrooms were single occupancy. These rooms were viewed by the inspectors accompanied by the service user and were found to be personalised and met the needs of the current service users.

A garden was available to the back of the house.

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:

A health and safety statement was available which related to the centre. While there was a risk management policy in place it did not include procedures on the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents, and arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life must be considered.

Inspectors found that the environment was safe. Individual risk assessments were

available for service users to ensure they were safe. The measures in place to minimise the risks to the service user were proportionate to the risk identified. There was an emergency plan to inform staff of what to do if an emergency such as loss of electricity or water occurred. If the service users could not continue to stay in their own home the centre had an agreement for them to stay with the neighbours until their own house was safe or another house was organised. A policy was available to guide staff as to what to do should a service user go missing. The car used by the service had all the safety checks that are necessary, was taxed, insured and driven by staff that had a valid licence.

Fire equipment was routinely checked to ensure it was in good working order place and escape routes were clear. A plan to show the fire escape route was located at various locations. Service users were assessed as to whether they required a personal evacuation plan (PEEP) and those assessed as having a requirement for assistance with evacuation had one. Fire fighting equipment had been serviced within the past year. The fire alarm and emergency lighting were serviced quarterly.

Staff and service users were clear of the procedure to follow in the event of a fire and had been involved in fire drills at various times. Records reviewed showed that not all staff had up-to-date fire training.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Measures were in place to safeguard service users and protect them from abuse. Inspectors viewed policies and procedures for the prevention, detection and response to allegations of abuse. While the policy was detailed and contained a good flow chart and template forms, it did not detail the local reporting arrangements. Records reviewed showed staff had up to-date training in adult protection and those spoken with been clear that the welfare of the residents was paramount and they would report any allegation of abuse. There has been one notification to the Authority of psychological

abuse from this centre and this has been appropriately managed. Staff were observed to chat with residents and listened to their queries in a pleasant way.

Inspectors reviewed the procedure for the management of service users' finances. Where staff were supporting service users with budgeting there were transparent procedures in place including receipts and staff signatures.

A policy to guide staff on behaviours that challenge and a policy on positive risk enablement was available. There was evidence available that services users had access to a behaviour therapist and specialist psychiatric review if required. All staff was trained in behaviour that challenges. A restraint free environment was promoted and no restrictive procedures were in use at the time of this inspection.

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:

Service users had access to their own GPs and had reviews by allied health professionals such as opticians/dentists as required. Whatever advice the doctor or health profession gave to the service user staff supported the service user to follow this. Staff accompanied the service user to the medical appoints if this was the choice of the service user or their family.

Service users had free access to the kitchen and were involved in choosing buying and preparing their own food. Service users told inspectors that they had a house meeting each week Saturday evening facilitated by staff. Here they decided on their weekly shopping list and choose their evening meal for the week ahead. Issues such as protection and hand washing were also discussed at these meetings. Service users shopped independently. The evening meal was prepared, cooked and served by the service users' themselves and they described how they took turns with cooking, washing up and other household tasks.

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:

No service users were self managing their medication. Staff supported and supervised medication for all service users who were taking medication. Service users told inspectors they were happy to take their medication and they felt that 'it helps'.

While there was a policy on the management and prescribing of medication (this is required by the regulations) which provided guidance to staff with regard to safe practices in medication management, it was not specific to the centre, and did not outline the local arrangements for ordering and receiving medication or detail the medication dispensing system in use at the centre. Resident medication prescription charts were reviewed by the inspectors and were found to be adequately maintained.

All staff who administered medication had completed Safe administration of medication training and had completed a competency assessment prior to administering medication. There was also a procedure in place for refresher training. Inspectors observed that medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection.

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 set out the services and facilities provided in the designated

centre. The aims, objectives and ethos of the centre were defined. However, aspects of the statement of purpose required review to meet all the requirements of Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

The areas requiring review include;

- The arrangements made for dealing with reviews and development of a resident's personal plan
- Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.

Judgment:

Non Compliant - Minor

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability.

The centre was managed by a suitably qualified, skilled and experienced person. Staff spoken with told inspectors that the Person in Charge (PIC) was a good leader, approachable and supported them in their role. Inspectors found that the PIC was knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs and person centred plans for service users. He knew the majority of the service users as he seen them on a daily basis at the day service.

The PIC was employed full-time as the Community Support Services Manager to manage the four houses which comprise the designated centre and the day service. He generally worked 08:45 hrs to 17:30 and occasionally visited the residential houses. The hours allocated to this centre were not detailed on the staff roster and no log was available of the hours the PIC allocated to the designated centres.

The PIC had worked within the centre for a considerable period of time and is a qualified nurse in the field of disability (RNID). He was supported in his role by three part-time team leaders which he met with every three weeks. He meets the entire residential staff

team every 5-6 weeks. He reports directly to a Regional Manager who reported to the Director – Health and Social Care who is based at head office and is the nominated provider on behalf of the organisation. Records confirmed that he was committed to his own professional development.

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:

Inspectors observed that the staff member knew service users well and could communicate well with service users. The staff member worked for the organisation for a considerable period of time. She described how she respected the service user's wishes and supported them to live a good quality life.

Staffing levels were suitable to meet the needs of the residents. Inspectors noted that the social care needs and health care needs were met. A staffing roster showing staff on duty was available, but it was confusing, as it was not specific to this centre and included staff on duty in a sister centre and it not did not reflect hours spent by the person in charge in the centre. Inspectors noted that to ensure continuity of care a relief panel was available from which absences were covered.

The inspectors reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. The inspector reviewed six staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place. The organisation provided education and training to staff to enable them to provide care that reflects evidence based practice. When staff was attending training the roster reflects this to ensure their absence doesn't have a negative impact on service delivery. Records evidenced a range of training was available to include medication administration, health and safety training, non violent crisis intervention training, and epilepsy awareness training. However, some gaps were identified. Mandatory training requirements detailed under outcomes seven - fire training was not fully complied with

for all staff.

Judgment:

Non Compliant - Moderate

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:

All the policies required by the regulations were available. Many of the policies contained very detailed information which was informative to guide staff, however, most policies were not centre specific and did not detail staff in the procedures to adapt at their centre.

While policies were comprehensive they did not have an easy reference or simple guide to assist them in the event of untoward situation or crisis to enabling a clear understanding of the procedure contained within the policies. The policy on protecting vulnerable adults did not name a person to whom an allegation should be reported (designated officer).

Judgment:

Non Compliant - Minor

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002688
Date of Inspection:	29 July 2014
Date of response:	10 October 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 05: Social Care Needs

Theme: Effective Services

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

The personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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

reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

A review of existing personal plans will be undertaken, where a new support need for an individual is identified the provider will support the person in a referral for additional support. through the HSE learning disability services.

The provider is currently working with an interagency group locally to determine the most appropriate transitioning arrangements for individual whose needs change. the work of this group is ongoing

Proposed Timescale: 30/11/2014

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 risk management policy did not include procedures on the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

A revised local safety statement will be put in place. This includes details of how local risk management areas of identification, recording, investigation of risk and details of how learning from incidents is reviewed and used to enhance risk management. A copy will be inserted into the risk management framework policy.

Proposed Timescale: 31/10/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Aspects of the statement of purpose required review to meet all the requirements of Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and

Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

A revised statement of purpose will be submitted

Proposed Timescale: 30/11/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing roster was not specific to this centre and included staff on duty in a sister centre and it not did not reflect hours spent by the person in charge in the centre.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The roster will include the duty time for the PIC

Proposed Timescale: 31/10/2014

Theme: Responsive Workforce

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

Mandatory training requirements detailed under outcomes seven - fire training was not fully complied with for all staff.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Fire Training will be provided and completed by both outstanding staff

Proposed Timescale: 30/11/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies were not centre specific and did not detail staff in the procedures to adapt at their centre.

Policies did not have an easy reference or simple guide to assist them in the event of untoward situation or crisis to enabling a clear understanding of the procedure contained within the policies.

The policy on protecting vulnerable adults did not name a person to whom an allegation should be reported (designated officer).

Action Required:

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

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

Revised local policy and easy read process flow charts will be put in place to cover critical policy areas of medication, adult protection, health and safety management and complaints.

The nominated designated person will be named in adult protection policy

Proposed Timescale: 31/10/2014