

**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-0005045
Centre county:	Dublin 18
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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: 16 February 2015 10:30 To: 16 February 2015 13:00

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 of a designated centre operated by Rehabcare was conducted by the Health Information and Quality Authority (the Authority) in response to an application from the provider to register a new centre, in which the provider wished to accommodate four residents.

The provider was already operating a service to three residents, but was moving from premises that did not meet the needs of the residents.

The new premises was an accessible bungalow with four bedrooms, two lounge areas, a kitchen diner and two staff rooms. One bedroom was en suite, one had a

shower room next to it, and two bedrooms could access a shower room that was positioned between them. There was also a separate bathroom. All doors and corridors were wide enough for wheelchair access. There was a large garden to the rear with a laundry room accessible from the path that provided level access around the building.

The inspector met with management, a resident and staff members during the inspection and reviewed existing documentation relating to the centre in which the residents were currently residing, as well as documentation relating to the proposed move.

Residents spoken with said they were comfortable about the move. Staff reported that other residents were responding well to discussions about the move. There was evidence that they had been well prepared for the transition.

The inspector found the person in charge and staff team had planned well for the move, with arrangements in place to make the experience as smooth as possible for the residents. The detailed plan to move the service from one building to another covered all areas of the service provided, including getting the furniture moved, staff trained and familiar with the new service, and getting the residents settled in the new centre.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were structures in place to promote the rights of residents, for example, any rights restrictions were identified and referred to a committee set up to review them. This included people working in the service, and also psychologist and service manager.

A register was maintained of all restrictions in place, and information relating to the outcomes of referrals to the committee were maintained. There was evidence that the most recent reviews included discussion of the implications of the move to different premises.

There was a list of possessions in place for each resident which it was intended would safeguard possessions during the transition to temporary accommodation.

There had been consultation with the residents and their families in relation to the move. Each resident had spent time preparing with the staff for the move, and those spoken to said they were looking forward to moving to the new premises, and had been involved in choosing how to decorate and choosing new furniture for the house. There was a plan in place to continue with regular residents' meetings following the transition to ensure continued consultation with residents.

A complaints procedure was already in place in sufficient detail as to guide staff, residents and their families if required. Complaints were recorded and this record included information about the complaint and the progress of the management of the complaint, and the satisfaction of the person making the complaint was recorded.

Copies of documents that would be placed on the wall in the new house were seen.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Each resident had a section in their care plan that set out this communication needs. Some residents were able to verbalise their wishes, and others used tools such as objects of reference to support them communicating their choices.

Residents had access to a telephone, televisions, radios, computers and tablets which they would be taking with them to their new accommodation.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Links had been forged and maintained in the local community, for example, residents used many local facilities. The new premises were situated within the same community, so the move would not impact on existing arrangements.

Residents could receive visitors in their current home when suited them, and the inspector was assured this arrangement would continue in the new house. Each resident will have their own room. There will also be two lounge areas and a kitchen diner for

residents to use to meet family and friends.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Written agreements had been prepared which outlined the services it was intended would be offered to residents, and details of any charges to be incurred.

A plan was in place to have these contracts signed as part of the move to the new premises.

Due to work being currently carried out on the building, residents and their families had not been able to visit the new house during the development. One resident told the inspector they had visited, and the person in charge explained all residents and their families were invited to visit the weekend before the residents moved in

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):

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

Findings:

Personal plans were in place for all residents, and where there was a plan in place for a particular issue it was based on the assessed needs of the resident. The plans included the details of the move to the service, and the specific needs of the resident in relation to preparing.

Social stories setting out key areas for residents to get used to had been used, and staff reported that the residents were communicating in a positive way when the new service was mentioned.

The person in charge confirmed the existing arrangements for review of care plans would be continued in the new premises.

There were systems in place to manage the transition to the new premises. There was a plan for the premises and all the services, and a plan for each of the individual setting out step by step how the move was to be conducted.

Each resident had an existing plan of activities, and the move to new premises would not require any change to this. Residents told the inspector they were familiar with the local area and the slight change in location would not cause them any issues.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was in line with the services set out in the statement of purpose, and would meet the assessed needs of the residents.

The new building was a bungalow that had been adapted to be wheelchair accessible.

There was a large driveway at the front, with level access in to the front door. The person in charge explained that residents would be supported to make choices around

the planting in the flower beds at the front of the house. To the side and back of the house there was a path giving wheelchair access round to the back of the house. There was also a sitting area, garden and small building that housed the laundry.

In the centre, there was a large lounge area, and a smaller lounge to offer a choice for relaxing and spending time with each other.

The kitchen diner had a fully equipped kitchen with a low level oven, and hob that could be lowered to support accessibility for wheelchair users.

There were four bedrooms that were all of a suitable size and layout to meet the needs of the residents. One was en suite, one had a bathroom next door, and two rooms shared a shower room which was accessible from either room. There was also a main bathroom. Each bathroom/ shower room had handles and other equipment to support accessibility.

There was also a staff office and bedroom for staff sleeping over as part of their shift.

All doors and corridors were widened to support wheelchair users to mobilise. There was also a hand rail along the corridor to support those who needed it. Each room had an alarm call, so residents could alert staff that they needed support.

The premises was empty on the day of the inspection but the person in charge confirmed furniture had been ordered and some furniture was being moved over from the existing service.

Building and fire compliance certificates were submitted as part of the registration process.

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):

No actions were required from the previous inspection.

Findings:

There was evidence of structures in place for the management of risk, for example, a system of accident and incident recording and reporting was in place.

There was a policy relating to the management of risk which included all the

requirements of the regulations. A risk register was in place and there was evidence of individual and local risks having been assessed and managed. Any further risks relating to the new premises would be addressed and added to the register.

A health and safety statement was in place for the new premises, and an emergency plan that set out the procedures to follow in a range of different circumstances including flood or power outage.

Fire training had been booked to be carried out in the centre with two days of starting the move. All residents had a personal evacuation plan. There was also an emergency evacuation plan that had been developed, a copy of which was to be put up on the wall.

Fire fighting equipment such as fire blanket and extinguishers were being moved over from the existing centre prior to the residents moving in.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse.

There was a policy available in relation to the protection of vulnerable adults. All staff had undertaken training, with the exception of two more recent members who were booked to complete the training in the near future.

During a previous inspection, the staff had been knowledgeable about the signs of abuse, and the system for reporting.

Residents who spoke to the inspector said they felt safe in the service, and felt the staff supported them well. Families who provided feedback to the inspector confirmed they felt the service provided a service that respected resident's privacy and dignity.

There were systems in place to support residents with their finances, and these would continue in the new service. These were found to meet the requirements of the regulations during the last inspection.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents had access to day services or daily activities and leisure activities in accordance with their assessed needs, and it was reported that these activities and links would continue following the move.

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):

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

Findings:

There were processes in place to ensure that residents' healthcare needs were being met. For example, each resident had access to a general practitioner of their choice (including an out of hours service), a community pharmacist and dentist, all of which would be maintained after the move to the new premises.

Referrals were being made to the physiotherapist once settled in the new centre, to ensure any equipment they had remained appropriate for the new premises.

There were clear care plans in place that set out how residents healthcare needs were to be met, and these would be in place in the new centre when they moved.

The person in charge explained the different services available to the residents, for example dietician and speech and language therapy. Plans were seen that reflected any guidance they had made, and staff confirmed they were followed in practice.

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):

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

Findings:

Medication management procedures were currently in place, for example, in relation to ordering and receiving medications.

Each resident had a personal medication management plan already in place for the support they needed in relation to medication management.

There were measures in place to ensure the safe transfer of medications when residents had visits to their family homes. It was anticipated that these practices will be transferred to the new premises.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The Statement of Purpose included all the requirements of the regulations and described the service it was anticipated will be provided in the new centre.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that the person in charge of the centre was suitably qualified and experienced.

She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities.

She had put in place a number of changes following the previous inspection to ensure the service was meeting the regulations. She was also very organised for the move to the new premises, including a full transition plan for transferring all of the services, and systems within the centre. She had also overseen the work of the care staff in putting together the plans for each of the residents.

There was a clear management structure in place. Senior management meetings were held regularly.

Staff team meetings were held on a monthly basis. These meetings were minuted, and the minutes identified actions and persons responsible.

A range of audits were undertaken in the centre, and the inspector was advised that these would continue in the new centre.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence for a period of more than 28 days. There were appropriate deputising arrangements in place in the event of any absence, but no such absences were anticipated.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the designated centre was sufficiently resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the planned numbers and skills mix of staffing to be appropriate to meet the assessed needs of the residents, and that staffing levels had been agreed to manage the transition to the new premises. Training and familiarisation was part of the plan for the full staff team.

The inspector was satisfied that all staff had either received appropriate training or were booked in for training prior to the opening of the new 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):

No actions were required from the previous inspection.

Findings:

All policies required under Schedule 5 were in place. All records required under Schedule 4 were also in place.

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:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority