

**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-0002669
Centre county:	Longford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 July 2015 10:30	30 July 2015 18:00
31 July 2015 09:30	31 July 2015 15:00

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 was the second inspection of this centre by the Health Information and Quality Authority (the Authority). The inspection was carried out in response to an application from the provider to register this centre. As part of the inspection, the inspector met with residents, the person in charge and staff members. The Inspector reviewed documentation such as the centre's statement of purpose, person centred care plans, positive behaviour support plans, medical records, activity and socialisation arrangements, staff training records, staff files, policies and procedures, fire safety records and the premises.

The designated centre is part of the Rehab Care Group, a national organisation which provides a range of services to people with varying degrees of disability. The ethos of the designated centre as outlined in the centre's statement of purpose and function which is to provide individuals with a safe home from home environment, whilst promoting a service user driven service'. Residents attend day services provided by the organisation or an alternative day service, from 9:30 to 16:30 Monday to Friday. This service provides residential services to residents with a diagnosis of Autism spectrum Disorder, six service users are accommodated, four on a permanent basis and two on a shared care basis. The person in charge confirmed that the residents were informed of the inspection and the role of the inspectorate and gave their consent for the inspector to enter their home and review their care files.

Four questionnaires from relatives and one questionnaire from a resident were returned to the inspector. The collective feedback from relatives and residents was one of satisfaction with the service and care provided. Overall, the inspector found that residents received a good quality service in the centre. Staff supported residents to participate in the running of the house and exercise choice as to how they wished to spend their time. Residents had varying communication needs and staff supported residents to effectively communicate their needs and wishes.

The provider had put arrangements in place to ensure that the premises were maintained to a good standard, met the needs of residents and ensured the safety of residents, staff and visitors. Improvements were required in the completion of fire drills to ensure continually trying to improve swift safe evacuation, completion of a risk assessment for the use of window restrictors, ensuring person centred plans were kept up to date, review of the complaints policy and review of policies to ensure they provided clear guidance to staff.

There was evidence of compliance, in many areas, of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

Improvements were identified as required to the complaints policy. There were a variety of complaints documents including a policy and a procedure. However, the documentation was cumbersome and was not accessible to residents (An action with regard to policy is contained under Outcome 18). It was difficult to elicit from the policies as to how your complaint would be dealt with, what time lines had to be adhered to and that a process in place to ensure that if the complainant was not satisfied with the outcome of their complaint what appeal procedure was available to them. A social story was in place regard to making a complaint. This gave residents a general view as to how they could make a complaint and how a complaint would be dealt with. This non verbal document did not reflect the centres complaints procedure and policy. Evidence was available that the complaints procedure had been discussed in family forums.

The inspector was informed that there had been no complaints for the last two years. Staff said they would record any formal complaint and if any person was not happy with any aspect of the service that they would initially deal with this in an informal way. However this meant that there was no information to indicate whether the informal complaint had been addressed to the satisfaction of the complainant. Additionally, the person in charge did not have access to adequate information regarding the type of dissatisfaction and could not use the information to assist her to review and improve the service. A satisfaction survey had been completed by head office in January 2015, however the centre had not received feedback from the analysis of this survey.

The inspector found that residents' rights, dignity and consultation were supported by

the provider, person in charge and staff. Weekly residents' meetings were held where residents were consulted about their daily routines including menu planning and activities they wished to partake in. The residents' guide included a section on resident finances. All residents had their own bank account and bank card. All residents required support from staff with regard to their finances. Transparent accounts were in place for each service user and any monies spent on behalf of residents were receipted and two staff signed for ledger.

Residents who could communicate with the inspector indicated that they enjoyed the food and chose what they liked to eat. Residents supported by staff completed the food shopping. The inspector observed staff assisting residents prepare the evening meal on the day of inspection. Residents supported by staff shared the household chores. Residents' personal plans contained information about their likes and dislikes. Staffing was arranged in a flexible manner to support residents with their individual interests and hobbies. Where a resident expressed an interest in attending an activity in the evening a staff member would be made available to support them. Residents were involved with their local community (This is further discussed under Outcome10). This included the use of local amenities such as the cinema, swimming pool and bowling alley. A policy to provide guidance to staff on the care of residents' property and finances was in place.

Residents' rooms were personalised and residents kept their personal possessions in their rooms. A list of residents' possessions was kept in the residents' files, and these were updated regularly to ensure that residents' property was accounted for and to prevent items going missing.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that the person in charge and staff had responded effectively to the communication support needs of residents. Relevant information was available throughout the centre in accessible formats. Photographs and easy to read documents were used to increase the involvement of the resident in the process. Knowledge of the residents by the use of consistent staff who were trained in communication techniques was an essential part of assisting residents to communicate effectively. Assistive technology aids were in place to assist residents, for example talking diaries. Social stories had been developed for lots of areas including the inspection process.

All residents had a personal support plan and each resident had a non verbal pictorial version of the support plan which set out the main aspects in an accessible format using plain language with pictures and photographs. Residents had access to the centre telephone and there was a large screen television for residents' use in the sitting room.

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:
There was evidence of active family engagement recorded in case files reviewed. A family forum was held every two months. Minutes were available of these meetings. The last meeting was held on the 13 May 2015. The inspector received four relative questionnaires which were complimentary of the care and service provided and stated that they were actively involved in the lives of the residents. Comments by relatives included "my son is given a choice in what he eats, wears and what activities he does, staff assist my family member to be as independent as possible, she is supported to make decisions about her care and support, very happy with care and manner in which provided , the move to this house was a great improvement in the social environment for my family member, the staff are very good with my daughter and take her out all the time to the shops, walks and for meals, never had any need to make a complaint". Some residents were engaged in work experience placements in the local community at the time of inspection.

Residents were visited their family regularly and also visited their homes regularly. Notes in residents' files recorded regular meetings and correspondence with family members. These included notes of discussions with family members of the residents' personal plans. There was a resource room available that was used as visitors room as required. There was also a dining room that could be used by visitors.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There was an admissions policy and it set out the arrangements for admissions to the centre. The centre had no vacancies at the time of admission. A transition plan would be enacted if a new admission was planned where a resident would stay for a short period of time on a few occasions and progress to long term care.

Each resident had a contract of care in place outlining the service to be provided and the finances in regard to same. All contracts were signed by the resident's representative. All residents were charged the same weekly living allowance. An easy to read version was available. The person in charge informed the inspector there were no additional charges payable by the residents.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found that residents were involved in the development of their personal plans. Personal plans were outcome focussed and goals were clearly recorded. The inspector reviewed two of the plans and aspects of other plans. They were based on the individual support needs of the resident and there was evidence of regular review and participation of residents in the development of their plans. Residents had signed the plans and, in addition, each resident also had an accessible version in their bedrooms by way of a poster which used pictures, words and photographs to depict their goals and achievements. The personal plans contained important information about the residents' backgrounds, including details of family members and other people who are important in their lives. A dedicated key worker system was in place. There was good evidence of collaborative working between day and residential services with regular review meetings

between staff. Personal plans had been reviewed and staff training had been provided in person centred planning since the last inspection and the inspector found that all personal plans reviewed were detailed and goals were recorded. There were support plans in place to achieve the goals recorded, however the actions plan to complete the goals were not kept up to date on some occasions. Daily records were also maintained outlining how residents spent their day.

A choice of activities was available to residents. All residents attend a day service programme. In the evenings a 'visual choice board' detailing activities available is in place so that residents can choose to participate if they wish. Examples of activities offered include - reading social stories, watching TV/film, listening to music, relaxation or beauty therapy. The centre had access to two vehicles which enhanced the flexibility of services users availing of community services.

A positive risk approach was enacted. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. There was evidence available that staff had attended concerts, participated in Gaisce awards and enjoyed work experience of their choice for example walking the dogs at a local animal rescue centre.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre was warm, well maintained and homely. Each resident had his or her own bedroom and there was sufficient communal space in the house. A sitting room, multi-sensory room, a dining area and a kitchen were available. There was sufficient storage in residents' bedrooms for their clothes and other personal items. There were adequate bathroom and toilet facilities in the house. Some residents showed the inspector their bedrooms which were pleasantly decorated and of suitable size to meet their individual needs. Each room was decorated in accordance with the wishes of the resident and contained personal items such as family photographs and personal interest items.

The centre accommodates six adults, four adults are accommodated on a full time permanent basis and two adults on a shared care basis - one week at home and one

week in centre. (The residents who are accommodated on a shared care basis have exclusive use of their bedroom). The centre was well maintained and fit for its intended purpose. Plans were in place to replace the wooden floors as they were scratched due to general wear and tear. The inspector observed residents mobilising independently and residents had access to all areas. A large well manicured garden with a poly tunnel was available on site.

There are two vehicles available for services users' use. The inspector noted that documentation was in place to ensure that all vehicles used to transport residents were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained.

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):

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

Findings:

The inspector reviewed the Health and Safety Statement which had been reviewed in August 2014. At the time of the last inspection the risk management policy did not comply with regulation 26 the Health Act 2007 (Care and Support of residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations as it did not cover the identification and management of risks or arrangements for identification, recording, investigation and learning from events to ensure understanding for all staff to minimise the risk of repeat occurrence. This had been addressed and a local risk register had been developed which identifies risks and outlines plans for their management and regular review, including identification of new risks and recording, investigation and learning from events. Incidents that occur are reviewed at staff meetings to ensure any change in practice is shared and discussed with all staff.

At the time of the last inspection a risk assessment with regard to the absence of window restrictors had not been completed. The inspector noted that a risk assessment had been completed regarding the opening levels of windows on the first floor on the 15 October 2014. The decision post this inspection was not to use window restrictors as it was documented that residents were aware of the danger of exiting the windows and no risk was posed to residents in the absence of restrictors and appropriate existing controls were in place. This was discussed with the person in charge and the regional manager at feedback as regards the robustness of the risk assessment. The regional manager stated that residents would not be aware of the danger of exiting the windows on the first floor and a further risk assessment would be completed. The regional

manager and the person in charge were of the view that window restrictors were required.

Another action from the previous action plan related to fire safety training for all staff. This had been actioned and all staff had up to date fire safety training. There were regular fire drills and both staff and residents participated. Fire drill records were not comprehensively completed to ensure any impediments to safe evacuation for example length of time to evacuate or any environmental factors are recorded and deficits addressed in subsequent drills. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. Fire evacuation plans were posted clearly in the hallway. A PEEP (personal emergency evacuation plan) was available for all residents. Records reviewed by inspector indicated that all staff had completed fire safety training. Refresher training was completed regularly.

Individual assessments had been carried out for each resident to ensure that any risks were identified and proportionately managed. The inspector reviewed a number of these assessments and found that they were being used to support residents to undertake activities with appropriate support, in a manner that promoted independence. Accidents, incidents and near misses were being recorded in detail and a copy of the reports were submitted to the health and safety officer at head office, the regional manager and a copy was kept on file. There was an emergency plan in place to guide staff in the event of emergencies such as power outages or flooding or loss of water.

There were control measures in place to manage any outbreak of infection. The organisation had developed an infection control resource file for the centre and the person in charge was aware of the contact details of the local public health department. Staff had received training in hand hygiene.

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):

No actions were required from the previous inspection.

Findings:

The inspector found there were systems in place to protect residents from the risk of abuse. There was a policy in place on the prevention, detection and response to abuse.

The provider had appointed the regional manager as a designated adult protection officer. The responsibilities for this person were contained in the policy, and the officer was a resource to staff should they need to discuss any concerns they had.

All staff spoken to were knowledgeable with regard to what constituted abuse. They all voiced the view that the welfare of the residents was paramount and they had a responsibility to report any suspicion or allegation of abuse. Staff had received training in safeguarding vulnerable adults.

There were restrictive practices in place; these had decreased since the last inspection. The front door and another internal door key pad locks have been discontinued. Current restrictive practices related to safety aspects, for example a safety harness in lieu of a seat belt as the service user continually opened the seat belt, use of as required (PRN) medication and tea and coffee was only available at set times as a safety measure as some residents would consume vast quantities if unsupervised.

Staff had received training in crisis prevention and challenging behaviour management. There was a policy in place guiding the management of behaviours that challenge. Residents who displayed behaviour that is challenging had been referred to a behaviour support specialist and there was evidence of ongoing assessment, intervention and review in files reviewed. Behaviour support plans reviewed identified triggers to behaviours that challenge and methods of de-escalation. When an 'as required' medication was administered this was monitored for effectiveness.

Prior to this inspection an allegation of abuse had been notified to the Authority. This is being reviewed by the management team. The inspector requested that a copy of the final report be submitted to the Authority as soon as it was available. Both the person in charge and the regional manager stated that they would implement any recommendations from this review.

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:

There was evidence that the staff were maintaining records of all accidents and incidents in the centre. These were reviewed by the Person in charge and reported to the regional manager and the health and safety department at head office. The person in charge was knowledgeable about the requirements in the Regulations and had

submitted the required notifications.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' general welfare and development was facilitated. All of the residents attended a resource centre which provided a range of activities. Two residents were partaking in work experience, two other residents were completing voluntary work at a local animal rescue organisation, two residents were involved in the local tidy town project and one resident had completed the Gold Gaisce award. The personal plans contained the goals as identified by the residents with regard to their wishes and interests with regard to various interests and wishes. Of the residents attended literacy, numeracy and computer classes. Residents were supported by staff to pursue a variety of interests, including bowling, swimming and the cinema. The personal plans contained the goals as identified by the residents with regard to their wishes and interests.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to access healthcare services which met their assessed needs. The inspector reviewed the personal plans and medical files for three residents and found that they had access to a general practitioner (GP),

including an out-of-hours service. There was evidence that residents accessed other healthcare professionals such as chiropodists, opticians and physiotherapy services.

Some of the residents had epilepsy and the inspector reviewed the file for one of these residents. The file contained records of reviews by neurology and specialist service. A specific epilepsy response plan had been developed based on the advice of the medical specialists to ensure safe care for residents. Staff were aware of the plan and informed the inspector they had received special training in this area.

Residents had their lunch in the day centre during the week and assisted with preparing an evening meal when they returned to the centre. Residents chose what they wanted for their evening meal and if any resident did not like what had been prepared, there was a range of alternatives available. Residents chose daily what they wished to eat for their evening meal. The inspector found that there was a good supply of fresh and frozen food, and snacks were available. Weights were monitored monthly and there was no concerns recorded with regard to nutritional care of residents.

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:

The policy required all staff to undertake a training programme before being allowed engage in the administration of medication. Post this one of the team leaders who was a trainer in this area completed two competency-based assessments with staff before this training was deemed complete. The inspector found that this had been implemented in the centre. Refresher training is provided every two years.

A centre specific policy which reflected the arrangements with regard to the management of medication in the centre was available. This was an action from the last inspection. Medications were dispensed from the pharmacy in blister packs. A clear description of each medication was provided to ensure that staff could recognise the correct medication to be administered.

The receipt of medication was being recorded and medication was being stored in a locked cabinet. All medication was prescribed and individually signed by a GP and the prescription included directions to staff on the dose, route and time that medication should be administered. Some PRN medications (medications that are administered as required) were prescribed and these included the maximum dose that should be

administered in any 24 hours.

Staff were knowledgeable about the procedure for the administration of medication and checked the prescription, the medication description and that the correct medication was being administered. All staff had undertaken medication management training.

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):

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

Findings:

The statement of purpose had been reviewed since the last inspection and contained all of the information as required by the Regulations.

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 person in charge is supported in her role by the regional manager. He displayed a good knowledge of the day to day running of the centre and met regularly with the person in charge individually and at regional area meetings.

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge reports directly to a Regional Manager who

reports to the Director – Health and Social Care who is based at head office and is the nominated provider on behalf of the organisation.

The inspector found that the person in charge was a suitably qualified, skilled and experienced. She was knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs and person centred plans for residents.

The person in charge was employed full-time as the Residential Services Manager to manage two houses and the resource centre. The majority of the residents attended the resource centre also and the person in charge seen them on a daily basis at the resource centre. She had worked for the organisation since 2006 and held a certificate in health and social care and had completed a registered managers award in the UK. Inspector found, through interviews with staff, that in the absence of the PIC, an on-call arrangement was in place 24/7 and inspector found that staff had ready access to the contact details. One of the residents attended day services provided by an alternative local day service. An agreement was in place detailing this arrangement.

Procedures were in place with regard to review of environmental risks in the centre, however no procedure was in place with regard to ensuring documentation was kept up to date. A bi annual unannounced visit of the service was completed and a report was produced detailing the findings of this visit.

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:

There are two full-time team leaders' posts, both of whom deputise for the person in charge to cover in her absence.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that sufficient resources were provided to meet the needs of residents. There was evidence that there were sufficient staff on duty, and the person in charge used staffing resources flexibly to meet the support needs of residents. Two vehicles were provided to enable residents to travel to community facilities. The centre was nicely furnished and equipped. It was also well maintained. None of the residents required assistive equipment, all were independently mobile.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults. Four staff files were reviewed and contained all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.</p> <p>Training records were available which outlined the planned and actual training for all staff. Actual training provided in 2014/15 included areas such as independent living, adult safeguarding, introduction to children first, fire safety, non crisis intervention training, multi element behaviour support, safe administration of medication, introduction to personal care, person centred active support, talking mats and social stories.</p> <p>There were supervision arrangements in place such as regular meetings between the regional manager and person in charge and meetings between the person in charge and staff. Minutes were available of these meetings.</p>

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The 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 had 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. However some of the policies that were in place were cumbersome and did not provide clear direction to staff. For example, the policy on complaints as detailed under Outcome1. The policies were mainly organisational policies which covered legislation in the UK and in Ireland. Some of the terminology used for example 'nurse specialists in the national learning network' were not centre specific.

The provider had ensured that residents were provided with a residents' guide. The guide was in an accessible format and included information in pictures, photographs and words. The residents' guide provided residents with information on the service, and included a section on how to make a complaint and financial arrangements with regard to the service provided.

A directory of residents was available.

The centre was maintaining records in a secure and safe manner. Records were made available to the inspector as required during the inspection.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary 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-0002669
Date of Inspection:	30 July 2015
Date of response:	01 October 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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 actions plans to complete the goals were not kept up to date on some occasions.

1. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

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

- 1.A team meeting was held on the 11th August to discuss how action plans are to be completed and reviewed.
- 2.The keyworker meetings between the Residential service and Resource centre have recommenced from the 7th August.
- 3.Action plans/documentation is an agenda item for all 1:1 meetings.

Proposed Timescale: 11/08/2015

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:

A robust risk assessment with regard to the provision of window restrictors was not in place.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- 1.Window restrictors were put in place on the 4th August 2015. A reviewed risk assessment is in place to reflect the same.

Proposed Timescale: 04/08/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some of the policies that were in place were cumbersome and did not provide clear direction to staff. For example, the policy on complaints as detailed under Outcome 1.

The policies were mainly organisational policies which covered legislation in the UK and in Ireland. Some of the terminology used for example 'nurse specialists in the national learning network' were not centre specific.

3. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The organisation's complaints policy, which was viewed by the inspector, was reviewed in December 2014 and disseminated in March 2015. However, this organisational policy

has now been 'localised' with a service specific complaints management procedure now in place and this is also available in 'easy-to-read' format in the service.

Proposed Timescale: 29/09/2015