Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002643
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Michael O'Connor
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
20 April 2016 10:25	20 April 2016 19:00
21 April 2016 10:00	21 April 2016 17:30

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

Background to inspection

This was an announced registration inspection carried out over two days. The inspection was taken on foot of an application to register by RehabCare, the provider. A monitoring inspection by the Health Information and Quality Authority (HIQA) was previously carried out in the centre July 2014.

How we gathered evidence

The inspector met with residents, staff, the person in charge, and other persons participating in management over the course of the inspection. Policies and

documents were reviewed as part of the process including a sample of health and social care plans, the complaints log, incidents and accident logs, contracts of care and risk assessments.

The inspector observed practice and staff interactions with residents. The inspector met a number of residents during the course of the inspection and spoke with two residents in a more in depth way during the course of the inspection. The inspector also met three out of the four staff that worked in the centre. One staff member came into the centre on their day off to speak with the inspector.

Description of the service
The statement of purpose for the centre documented that RehabCare aimed to provide a low supported accommodation service to both male and female residents where all residents were supported to live as independently as possible.

The centre comprised of six apartments located on the second and third floor of a building located in an urban centre. The centre could accommodate up to 16 adult residents. The service supports residents with a wide range of disabilities, including intellectual, physical and sensory and varying levels of independence. Some specific support needs included the management of epilepsy, healthcare and nutritional management and behaviours that challenge.

Overall judgment of our findings
The following 10 outcomes were found to be moderately non-compliant. Outcome 1; Rights, Dignity and Consultation, Outcome 3; Family and personal relationships and links with the community, Outcome 5; Social Care Needs, Outcome 6; Safe and Suitable Premises, Outcome 7; Health and Safety and Risk management, Outcome 8; Safeguarding and Safety, Outcome 11; Healthcare Needs, Outcome 13; Statement of Purpose, Outcome 14; Governance and Management and 17; Workforce.

Eight outcomes were found to be compliant or substantially compliant. Outcome 2; Communication, Outcome 4; Admissions and Contract for the Provision of Services, Outcome 9; Notifications, Outcome 10; General Welfare and Development, Outcome 12; Medication Management, Outcome 15; Absence of the Person in Charge, Outcome 16; Use of Resources and Outcome 18; Records and Documentation to be Kept.

The inspector had significant concerns in relation to the lack of supervision and support afforded to staff working in the centre. All staff working in the centre worked alone and were not directly supervised by the person in charge or a person participating in management of the centre.

The person in charge of the centre was also allocated responsibility for a number of other services within RehabCare which impacted on her being able to carry out her role and responsibilities as person in charge of the centre.

While residents were assessed to be relatively independent and could manage many aspects of their lives with little or no support there were some instances where they required specific supports from staff but this was not in place for them. For example,

there was not enough staff working in the centre to ensure all residents could be evacuated from the building in the event of a fire or emergency. Also there was not enough staff allocated to work in the centre to provide supervision and support to residents at risk of choking or falling.

These findings are discussed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
There were arrangements in place to ensure residents' rights; privacy and choice were supported and encouraged. However, complaints were not managed in line with the centre's policies and procedures and required improvement.

Arrangements were in place to promote and respect residents' privacy and dignity, including receiving visitors in private. The inspector spoke with some residents during the inspection and asked them how they were consulted in the running of the centre. They outlined they made decisions on what household jobs were delegated. They were also included in the decision making around meals and social activities/holidays this was generally carried out with their key worker and occurred on a daily basis and also in a more formalised way through key worker and resident meetings.

Residents' had individual financial arrangements which offered them choice and control over their financial affairs. Some residents required more support than others. Most residents had their own bank and/or post office account with bank cards and PIN numbers and maintained their own financial affairs independently or with some support from staff. Some residents' families had responsibility for residents' finances and this arrangement was maintained with the agreement of the resident and the family. In those instances residents had individual financial arrangements.

Residents paid a fixed sum of money for their rent and a contribution towards household bills/food if they shared their apartment with other residents. Residents received utility bills specific to their apartments and depending on their living arrangements the bills were divided among the residents living there with each person paying a specific

amount. In other instances where residents lived alone they received a utility bill in their name specific to their apartment and were supported to pay them and manage their budget with the assistance of their key worker. Lockable storage boxes were available to residents to store their purses/wallets and other items they wished to keep secure.

A complaints policy was in place. An associated complaints procedure was displayed in the centre and apartments of residents of the centre. A dedicated log book for recording complaints was available. The inspector reviewed a number of logged complaints. There was evidence to indicate the nominated person to deal with complaints, the person in charge, had followed the complaints procedure and had responded to the complainant detailing the investigation and outcome of their complaint. However, improvements were required.

While there was evidence to indicate complaints were responded to in a timely manner, there was no documentation of the complainant's satisfaction with the complaints process or outcome. Therefore, it was unclear if the complaint was actually dealt with to their satisfaction or if they had been given an opportunity to avail of the appeals process if not satisfied.

In one instance a resident had logged a complaint regarding an issue related to noise on a number of occasions dating back to May 2013. While there was evidence to indicate the nominated person had met with the resident and tried to resolve their issue at a local level it had not been adequately addressed and had been logged again on a number of occasions. There was no evidence to indicate that the resident had been supported to escalate their complaint to the next level of the procedure should the first level of complaint management not address their issue, for example a referral of their complaint to the complaints officer as identified on the complaints procedure.

Residents' privacy was respected and there was evidence of systems in place to uphold residents' right to privacy and respect. Each resident had their own key to their apartment. Each apartment had a designated door bell and the inspector observed management personnel and staff knocked on apartment doors and rang door bells before entering. Toilets, bathing facilities and bedroom doors could be locked for privacy.

Residents could store their personal belongings in their apartments and bedrooms for safekeeping.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents' communication needs and supports were met.

The person in charge of the centre had implemented a number of initiatives to improve communication systems for residents in the centre ensuring accessibility of information in easy read/picture formats. They had drafted easy read versions of the complaints procedure, residents' guide, safeguarding and bullying prevention information for residents, for example.

Residents that had been identified as requiring supports for communication purposes were found to have access to assistive technology such as computer aids and devices to assist residents to communicate in some instances. Some residents used their mobile phones as a method to communicate by writing the text into the phone and asking staff to read what they had typed.

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:
The centre provided opportunities for residents to maintain links with family, friends and the wider community. However, some residents required more supports with regards to relationships and sexuality.

The location of the centre ensured residents were within walking distance of a city centre which formed part of their local community. Residents spoken with found the location of the centre met their social needs and enjoyed living in such a central, lively location.

The inspector reviewed a number of care plans and noted that family contacts and next of kin had been identified. Many residents went home at the weekend and at holiday times. Some travelled home independently by bus. Residents had the choice to go home if they wished but could stay in the centre during holiday periods such as Christmas and

Easter if they wished.

Visitors were welcome to the centre. Arrangements were made for residents to meet with friends, family boyfriends or girlfriends in the centre. Residents regularly went on outings such as shopping trips, the cinema and meals in a restaurant or bar.

Some residents required supports with regards to their sexuality, understanding of relationships, social norms and boundaries so they could safely experience life in their community and develop relationships in line with their sexual preferences. Following a review of incidents documented it was clear that some residents required supports, guidance and education with regards to sexuality and relationships.

While residents had received training in relationships and staying safe some required more supports when accessing their local community. Some residents were no longer able to access certain facilities in the locality due to incidents that had occurred in the past.

The person in charge was required to establish what supports residents needed and put those supports in place to ensure residents could develop links with their community and develop relationships in a safe supported way.

Judgment:
Non Compliant - Moderate

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

Findings:
The admissions criteria for the centre was clearly set out in the statement of purpose, policies and procedures. A pre-admission assessment had been carried out prior to residents moving into the centre which assessed their independence in carrying out activities of daily living and self help skills, for example. Residents had a tenancy agreement however, the terms of residency was not clearly set out in residents' contracts of care. (Service level agreements)

There was an admission requirement that residents were independent in their activities of daily living such as walking, washing, administering medication, dressing and eating. A pre-admission assessment was completed for each resident which included an

assessment of needs in relation to activities of daily living, hygiene, medication, transport and community skills.

The person in charge informed the inspector that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to staff and other residents prior to admission. Prospective residents were offered the opportunity of a tailored phased transition to full time residence.

The inspector noted that written agreements with residents and their representatives in the form of a tenancy handbook had been supplied to each resident which laid out the rights and responsibilities of the resident and the service provider in an accessible format.

Each resident had also been given a contract of care (service level agreement). However, some of the matters as set out in the tenancy agreement were not reflected in residents' contracts of care such as fees applicable to residents.

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

Findings:
While each resident had a personal plan, improvements were required to ensure information in them was up-to- date. While a personal outcome measure was used to establish goals for residents had not received a comprehensive assessment of needs since their admission to the centre. Most residents had been admitted to the centre in 2009. An annual review of residents' social care needs was required in order to direct support interventions for them and referrals to relevant allied health professionals if necessary.

Residents' social care needs had not been comprehensively assessed on an annual basis since their admission as evidenced in the sample of personal plans reviewed. For example, some residents had received assessments by allied health professionals with expertise to assess and recommend strategies and interventions for residents. However, recommendations reviewed in the sample of personal plans were out of date by a number of years in some instances. It was not clear if the recommendations were still relevant or useful for the residents.

For example, the inspector noted a speech and language assessment report for a resident with specific communication needs dated back to 2007. While the recommendations were comprehensive and clear they were not up-to- date and did not outline the resident's current support requirements and reflect changes for the resident since 2007.

As mentioned in the opening paragraph of this outcome, personal outcome measure assessment was used to identify goals for residents. Residents met with their key workers and established goals based on the assessment and drafted key actions in order to help the resident achieve their goals. Residents met with their key worker to update and review the plan on a monthly basis.

During the day some residents attended the resource centre which was located on the ground floor of the designated centre. There they participated in activities such as life skills training, learning skills in literacy and numeracy, information technology and sign language classes, for example. Some residents worked in paid employment.

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

Findings:
While the location, design and layout of the centre was suitable for its stated purpose there were some issues that required improvement to ensure residents' needs were met in a comfortable and homely environment.

The centre consisted of six apartments over two floors. All premises were easily accessible, bright, and decorated to an adequate standard in most apartments. A spacious roof terrace was available for residents which afforded view to the surrounding urban centre. The premises generally appeared clean and well-maintained overall.

Each apartment had adequate cooking facilities available for residents to cook their own meals. Food storage facilities were also adequate. Each apartment was supplied with a fridge and freezer and cupboards to store dried, non perishable items such as cereals and condiments.

There were a suitable number of showers and toilets with assistive systems in place to meet the needs and abilities of the residents in each apartment. However, the inspector noted there was a strong unpleasant smell from the toilet facilities in some apartments. Residents and staff spoken with said this often happened and it was an issue with the sewerage system for the centre which caused an unpleasant smell to emanate from the drainage system.

During the course of the inspection a member of the management team for the centre addressed the issue at a local level. However, on the second day of inspection the smell was present again and permeated other areas in some residents' apartments such as the kitchen and bedroom areas. This issue had been assessed by plumbers in the past but had not been addressed adequately.

Laundry facilities were available in the basement of the building the designated centre was part of. Residents could use the laundry facilities as they wished and were given support to do so if required.

Most residents had decorated their apartments to suit their personal preferences and style. However, there were some instances where residents' apartments were not personalised or decorated and appeared less homely because of this.

Where residents had skills and abilities to independently decorate their living spaces the inspector observed them to be homely however, some residents needed supports and direction in this regard. Those residents required support to help them decorate and personalise their living spaces in order to promote a home like environment for them.

Judgment:
Non Compliant - Moderate

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

Findings:
The health and safety of services users, visitors and staff was adequately provided for in the centre in the most part. However, some personal safety risks for residents did not have up-to-date assessments. Some residents were not adequately supported to implement evacuation procedures. There were inadequate measures in place to support staff when 'lone working' in the centre.

There was a health and safety statement in place. It was augmented by a risk management policy which outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific and individualised risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. However, from a sample of personal risk assessments reviewed it was noted some did not contain enough information and had not been updated in other instances.

A resident living in the centre had been identified as being at risk of choking. The resident's personal risk assessment had been carried out in 2013 with a note indicating it had been reviewed October 2015. However, the inspector did not find the risk assessment to robustly manage the resident's risk of choking. The risk assessment did not adequately outline the level of supervision or support the resident would require or what training and skills staff required to manage the risk. This is further discussed in Outcome 17: Workforce. A personal risk assessment for a resident identified at significant risk of falling had been carried out in February 2012 but had not been updated since then.

An emergency plan for the centre was in place and covered events such as power outage and water shortage, for example.

Suitable fire equipment, such as fire extinguishers, was provided throughout the centre and had been serviced October 2015. The fire alarm was serviced on a quarterly basis, most recently January 2016.

Fire exits were observed to be unobstructed during the two days of inspection. Emergency lighting was present throughout the centre and servicing records indicated they had been serviced October 2015 and February 2016. A fire safety register was in place and checks had taken place at regular intervals.

There was a procedure for evacuation of residents and staff in event of a fire, for example. The evacuation procedure was displayed in a number of areas throughout the centre. A personal emergency evacuation plan (PEEP) was in place for each resident. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident.

However, the inspector was concerned that there were inadequate and effective evacuation procedures in place so all residents could evacuate the centre in the event of an emergency, such as a fire. Some resident personal evacuation plans did not set out

that all residents would evacuate the premises. In those instances the residents were to make their way to the fire evacuation stairs and wait for emergency services to evacuate them. The inspector reviewed the fire evacuation policy and procedures for the organisation which set out that all residents should be evacuated from a building in the event of a fire and reliance on emergency services to evacuate residents was not supported by the policy. Some personal evacuation plans for residents were not in line with the fire safety policy for the centre or the matters as set out in the regulations.

The training matrix indicated all staff had attended a fire safety talk in October 2015 and had attended basic fire safety awareness training September 2014.

A designated smoking area was provided for residents, staff and visitors on the ground level outside the building. Individualised risk assessments were completed for residents who smoked. However, risk management and fire safety measures were still not robust enough to support fire safety and management of smoking.

During the course of the inspection the inspector observed a full ashtray on a small wall located on the balcony outside a resident's apartment. During the course of the inspection the resident disposed of the cigarette butts into their household rubbish bin in the kitchen of their apartment. This was not in line with appropriate fire safety precautions and the inspector brought this to the attention of the person in charge. The person in charge procured a metal bucket with sand for the extinguishing of cigarettes and removed the ashtray by the close of the first day of inspection.

While this control measure addressed the risk in this instance the person in charge was required to ensure adequate risk assessments and fire safety procedures were in place for all residents that smoked.

There were inadequate arrangements in place to support lone working staff in the event of a serious incident occurring. On reviewing incidents that had occurred in the centre over the previous months the inspector was concerned that lone working staff had been inadequately supported when incidents had occurred. For example, where there had been an attempted break in to the centre or where staff had experienced incidents of challenging behaviour directed to them from residents they had not been adequately supported and had worked on their own for the remainder of their shift despite contacting their on-call manager, for example.

The centre appeared visually clean. The person in charge and staff informed the inspector that the residents were supported to undertake the cleaning duties in their respective apartments. Policies were in place on the management, prevention and control of infection. Hand sanitizers were located throughout the centre. However, not all apartment toilet facilities were supplied with hand soap or hand drying facilities such as paper hand towels, hand dryer or towel. This impacted on staff and residents being able to engage in appropriate hand hygiene which promotes the prevention and control of spread of infection.

Residents were supported to use public transport and the centre did not use any vehicles for the transportation of residents.

All staff had completed manual handling training. No residents at the time of inspection required manual handling assistance from staff.

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

Findings:
Measures were in place to protect residents from abuse. There were organisational policies in relation to safeguarding of vulnerable adults and a training programme implemented which ensured that each staff member had up to date knowledge and skills in the area. There were improvements required with regards to the management of behaviours that challenge.

Residents had participated in stay safe programmes which taught them about abuse, their rights and what to do if they experienced or abuse, for example. The person in charge outlined to the inspector that following this training some residents had implemented the strategies with success. Residents spoken with told the inspector what their rights were and what they would do if they were unhappy with how somebody treated them. Given that all residents lived their lives as independently as possible training in this regard was of critical importance to ensure they were safe and knowledgeable of their boundaries and rights and felt they could tell someone if they experienced abuse.

Staff and management spoken with, were knowledgeable of their responsibilities in the protection of vulnerable adults. They outlined to the inspector examples of how they would respond to an allegation of abuse or if they witnessed an incident. Their responses were in line with policies and procedures for the organisation and were deemed by the inspector to be adequate.

There were also policies and procedures in place to guide staff on responding to behaviours that challenge and restrictive practices. Support plans were in place for residents that displayed behaviours that challenged. Staff had attended training on

managing behaviours that are challenging and de-escalation/low arousal techniques.

The inspector reviewed a resident's behaviour support plan. It outlined strategies that the resident could implement if they felt angry or annoyed. However, it was not comprehensive and required improvements. There was no evidence of a functional assessment of the resident's challenging behaviour. The behaviour support plan did not identify triggers that could elicit behaviours that challenge for the resident. It did not set out adequate pro-active strategies that could be implemented by staff supporting the resident and the resident themselves to prevent the behaviour from occurring or lessen its severity, frequency or intensity. The plan had not been updated or reviewed at regular intervals to evaluate its effectiveness.

Residents were not prescribed any restrictive interventions for the management of behaviours that challenge.

Due to the admission criteria, residents did not require support with personal intimate care. The inspector reviewed the centre-specific policy which outlined the measures that would be taken to provide personal intimate care in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

Judgment:
Non Compliant - Moderate

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:
Arrangements were in place to ensure a record of all incidents occurring in the designated centre is maintained.

The person in charge demonstrated she was aware of her legal responsibilities to notify the Chief Inspector.

A number of allegations of abuse had been documented in the incident and accident log for the centre however, they had not been notified to the Chief Inspector.

Subsequent to the inspection the person in charge retrospectively notified the Chief Inspector of all logged allegations of abuse. Therefore this outcome was found to be in compliance.

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 general welfare and development needs of residents were promoted and residents will be afforded new experiences, social participation and employment opportunities.

Social activities, internal and external to the centre are to be made available to residents to promote general welfare and development.

Residents living in the centre had opportunities to attend day activity services and paid employment with opportunities to change jobs if they wished. Some residents worked in local factories in the town or shops, for example. The inspector spoke to a resident about their work and job and they told the inspector they enjoyed it and had a contract that they had signed with their employer.

A resource centre was located on the ground floor of the centre and many residents from the centre attended the service. This was observed during the course of the inspection.

Residents were given the opportunity to learn life skills, develop their independence and contribute to the running of the resource centre with allocated jobs for them to carry out, for example the upkeep of the canteen kitchen or manning the reception area.

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:
There were adequate systems in place to support residents to be as independent as possible in achieving their best possible health. However, where some residents did have specific healthcare needs, such as a compromised swallow which could lead to a risk of choking, they were not adequately supported in the centre.

Residents' living in the centre had minimal healthcare needs overall. Most residents were young healthy adults who were independent in the most regard for managing their healthcare needs and independently visited their general practitioner (GP) for example, if they felt unwell.

Prior to admission to the centre a social care assessment had been carried out which identified residents' healthcare needs. Residents with whom the inspector spoke reported that they would attend the GP or the "out of hours" GP independently. In line with their needs, residents had ongoing access to allied healthcare professionals including dental, dietetics, chiropody, psychology and psychiatry. Records were maintained of referrals and appointments. Residents were supported to maintain and attend appointments with the support of their families or representatives.

The inspector noted residents were encouraged to make healthy living choices in relation to exercise, weight control, healthy eating and smoking cessation.

Residents with whom the inspector spoke with outlined how they were supported to plan and shop for their meals. The inspector noted that residents were supported, if needed, in preparing and cooking their own food and that there was adequate provision for residents to store food in their apartments.

Some residents were prescribed modified consistency diets. However, recommendations, while documented in their personal plans, were not detailed enough to guide and direct staff in how their meals should be prepared. Equally staff were not trained in the management of dysphagia or in the management of modified consistency meal preparation.

Residents requiring modified consistency meals had their meals sent in from home. Staff assisted residents in preparing them. However, staff were not trained in food hygiene and safety which could be a risk to residents if their meals were not prepared safely, for example thawed in proper conditions or heated to the correct temperature. Staff spoken with indicated they did not know what consistency foods the resident was prescribed, this concerned the inspector as the resident ate other foods apart from the ready prepared meals that came from their home.

Judgment:
Non Compliant - Moderate

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:
Residents were protected by the designated centre's policies and procedures for medication management. Residents were independent in managing their own medication.

Residents with whom the inspector spoke with confirmed that they had access to the pharmacist of their choice and were supported to personally attend their pharmacy.

There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines which was dated February 2012.

All residents self-administered their medicines aided by a monitored dosing system in many instances. There were systems in placed to support residents to engage in safe self-administration of their medications.

An assessment establishing the residents' willingness and capacity to self-administer their medication had been carried out prior to their admission. The assessment was reviewed annually or more frequently if changes occurred. Residents showed the inspector that medications were stored securely in their bedrooms.

The inspector noted that medications were now more securely stored in residents apartments. All bedrooms had a locked storage options to store medicines securely, for example the top drawer of residents' bedside lockers could now be locked.

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 did not meet some of the requirements as set out in the regulations.

It did not include adequate information about the governance and management arrangements for the centre with regard to the person in charge. It also required more information in relation to the governance and management arrangements of the centre in their absence as they were not allocated to work there full time.

The whole time equivalent hours (WTE) for the person in charge or the person participating in management of the centre were not documented on the statement of purpose.

Judgment:
Non Compliant - Moderate

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:
Arrangements were in place to ensure that the quality of care and experience of residents was monitored on an ongoing basis. However, governance and management systems in place were not adequate to ensure effective support to residents and to promote the delivery of safe, quality services. The person in charge was not in a full-time role for the management of the centre.

The person in charge had responsibility for the management of the centre and reported to a regional manager who in turn reported via the national head of operations to the provider who has overall governance and management responsibility.

However, the whole time equivalent number of hours the person in charge worked in the centre were not set out in the statement of purpose.

While the person in charge demonstrated they had management and leadership skills and abilities, they were not engaged in the day-to-day management of the centre in a manner that met with the Regulations, which sets out a person in charge of a designated centre must be full time.

The person in charge of the centre was also responsible for the resource centre attached to the centre, a day service, an outreach project and a pilot project in rehab enterprise. This meant the person in charge was responsible for five different areas of within rehab organisation.

The person in charge was not allocated enough time to the centre to ensure their responsibilities, as person in charge, could be comprehensively implemented and reviewed. The level of non-compliance found across outcomes on this inspection further demonstrated the lack of oversight the person in charge had of the centre given the remit of responsibility that was assigned to them.

The team leader assumed responsibility for the centre in the absence of the person in charge however, the team leader's whole time equivalent hours for the centre were not specified in the statement of purpose for the centre. The team leader informed the inspector they were allocated approximately four hours per week in a management capacity for the centre. This did not provide adequate arrangements for the management and oversight of the centre in the absence of the person in charge.

The lines of authority and accountability in the centre were not robust enough as neither the person in charge or the team leader were allocated an adequate amount of time to implement comprehensive governance and management systems such as auditing or direct supervision of staff working in the centre.

The inspector had carried out an interview with the provider nominee for the centre some months prior to the inspection. They were found to be knowledgeable of the centre and had a good understanding of the regulations and their regulatory responsibilities. They had an extensive background in quality and auditing and had brought about a number of improvements to the provider led auditing system within the organisation.

The provider had met their regulatory requirements in relation to auditing of the centre and there had been a number of unannounced visits with associated reports ad action plans. These had also identified a number of areas that required review, for example, person centred plans for residents. An annual review had also been carried out of the centre by the provider which assessed the quality and safety of care in the centre. At the time of inspection the person in charge was actively addressing the actions from this audit.

Judgment:
Non Compliant - Moderate

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 had not been absent for more than 28 days, the provider nominee was aware of their responsibilities in relation to notifying the Authority of their 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

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were sufficient resources provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

However, the inspector was concerned there were inadequate staffing levels in the centre at times to meet the needs of residents. This is further discussed in outcome 17; Workforce.

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

Findings:
The numbers of staff required review having regard to the assessed needs of residents and to ensure safe delivery of services. Staff were not suitably supervised to carry out their role and required training in some areas to meet the needs of residents.

Staff worked on their own in the centre supporting residents. In the absence of the person in charge the staff member on duty assumed responsibility of the centre and its general running. The person in charge and the team leader did not work in the evenings or weekends when staff were rostered to work in the centre. This concerned the inspector as the lines of authority and accountability were not clear for staff when they were on duty. The governance arrangement for the centre provided inadequate support and supervision arrangements of staff to ensure they were carrying out their duties within the policies and procedures for the organisation and in line with the regulations.

On-call arrangements for evenings, nights and weekends were set out for staff in the centre and updated weekly where a regional manager assumed on-call responsibility for a number of centres including the centre referred to in this report. However, staff spoken with told the inspector they felt worried coming on duty because they worked on their own. Some staff described coming on duty for their sleep over shift as 'daunting'.

The inspector observed staff working in the centre on the evening of the first day of inspection. Staff had a list of duties to be carried out for their shift. The inspector was concerned staff interaction with residents was fleeting and task orientated due to the organisation of shifts, for example, one staff member allocated for 15 residents. Staff started their shift at 4pm in the evening during weekdays and weekends. The inspector was concerned that provider was not ensuring safe delivery of service to residents based on the staffing numbers allocated to the centre. At weekends residents were without any staff support until 4pm in the evening. The staffing levels in the centre were not based on up-to-date assessment of residents' needs using an appropriate evidenced based tool. As mentioned in outcome 5 of this report residents had received a pre-admission assessment of needs however, this had not been updated to reflect residents' changing needs therefore it was not clear if staffing resources for the centre were allocated to meet the changing needs of residents.

There was evidence to indicate staff had undergone mandatory training in the areas of vulnerable adult safeguarding, manual handling training and fire safety. However, there were some gaps in staff training which meant they could not effectively support residents assessed needs. For example, staff were not trained in the management of dysphagia or how to support a resident requiring a modified diet. Some residents in the centre required supports in this regard.

The inspector reviewed a sample of staff files and found they met the matters as set out in Schedule 2 of the regulations.

No volunteers worked in the centre at the time of inspection.

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):
No actions were required from the previous inspection.

Findings:
Overall the inspector was satisfied that the records listed in Schedule 6 of the regulations were in place.

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

There were policies that satisfied regulatory requirements of Schedule 5 of the Regulations.

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

A directory of residents was maintained and available.

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:

Ann-Marie O'Neill
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 report[1]

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002643
Date of Inspection:	20 April 2016
Date of response:	4 July 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no documentation of the complainant's satisfaction with the complaints process or outcome. Therefore, it was unclear if the complaint was actually dealt with to their satisfaction or if they had been given an opportunity to avail of the appeals process if not satisfied.

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

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

Please state the actions you have taken or are planning to take:
The complainant has been met with on 19th April 2016. At that meeting he expressed satisfaction with the outcome of the complaint.

On the day of the inspection the follow up report had not been logged in the Complaints log book, this has now been rectified.

The PIC has logged the complaint on the organisation's Complaints Management Database.

Proposed Timescale: 25/04/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure was not followed.

2. Action Required:
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

Please state the actions you have taken or are planning to take:
The complainant has been met with on 19th April 2016. At that meeting he expressed satisfaction with the outcome of the complaint.

On the day of the inspection the follow up report had not been logged in the Complaints log book, this has now been rectified.

Proposed Timescale: 25/04/2016

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

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge was required to establish what supports residents needed and put supports in place to ensure residents could develop links with their community and develop relationships in a safe supported way.

3. Action Required:
Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Please state the actions you have taken or are planning to take:
A Consultant Occupational Therapist has been contacted and requested to complete comprehensive individual assessments on each of the 15 residents.

The relevant SLT assessment has been reviewed and updated in the first instance. The PPIM is in contact with the Speech and Language Therapist to gather further information in relation to appropriate supervision levels at meal times.

The recommendations from the above assessments will inform the business case that will be submitted to the HSE in respect of addressing issues raised in this report.

Two staff have completed Relationships and Sexuality training and will deliver training to the staff team on 25th July 2016 and to the residents of the Supported Accommodation on 26th September 2016.

The aim of this training is to inform and educate the group on positive sexual health awareness. This training will also help the residents to manage their relationships.

Proposed Timescale: 30/09/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contracts did not deal with the fees which residents were liable for.

4. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
Details relating to the exact contributions each resident makes to pay for rent and bills etc. has been clearly outlined in the contract of care. They have been agreed and signed with each resident on the 28th April 2016

Proposed Timescale: 28/04/2016

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:
Residents' social care needs had not been comprehensively assessed an annual basis since their admission as evidenced in the sample of personal plans reviewed.

5. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
All support plans are reviewed annually.

A more comprehensive needs assessment will be completed on each individual by the end of September 2016 to identify the social support needs of each individual and this assessment will form part of the annual review.

In addition a Consultant Occupational Therapist has been contacted and requested to complete comprehensive individual assessments on each of the 15 residents. These assessments will also inform the support plans.

The relevant SLT assessment has been reviewed and updated. The PPIM is in contact with the Speech and Language Therapist to gather further information in relation to appropriate supervision levels at meal times.

Proposed Timescale: 30/09/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some issues with the drainage system in the centre resulted in a bad smell in some residents apartments. This was a long standing issue and needed to be addressed in a comprehensive way.

6. Action Required:
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:
A meeting has taken place with the plumbing contractor on 13th June 2016 to discuss the ongoing smell.

The plumbing contractor will create a new ventilation system and install it into the building. We are assured that this will effectively address this issue.

A further meeting took place on Thursday 23rd June to discuss a commencement date for works. The installation of this system will begin on the 16th July 2016.

Proposed Timescale: 31/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were some instances where residents' apartments were not personalised or decorated and appeared less homely.

7. Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:
The PIC has contacted the landlord in relation to decorating costings on the 8th June 2016. Re-decorating costs are being finalised and will be submitted to the landlord by the 29th July 2016

Discussion in relation to decorating the apartments is on the staff meeting agendas. This is also a topic on all House Meetings with the residents.

All residents are encouraged to choose new colour schemes for their bedrooms but also for the communal areas.

Proposed Timescale: 30/08/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Personal risk assessments for residents did not contain adequate information.

Some personal risk assessments had not been reviewed with adequate frequency given the risk identified, for example, falls.

Risk management and fire safety measures were not adequate to support fire safety in relation to residents smoking in the building premises.

There were inadequate arrangements in place to support 'lone working' staff in the event of a serious incident occurring.

8. 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:
All individualised risk assessments are currently being reviewed to ensure they adequately address risks and associated control measures. This has been completed on 24th June 2016.

The smoking risk assessments have been reviewed and now include the smoking buckets with sand which are situated in designated smoking areas on balcony's and on the roof terrace. All changes have been discussed with the residents and agreed. These risk assessments where updated on the 9th June 2016.

Staff are involved in the process of updating the risk assessments, they are an agenda item at every staff meeting. These were completed by 9th June 2016

The lone working risk assessment includes the use of the on call manager in the absence on the PIC and the PPIM.

The need for a review of the staffing has been highlighted to the HSE in a meeting on 25th May 2016. A further meeting with the HSE took place on the 1st July 2016 and an interim emergency staffing plan was submitted. This interim plan is 'under active' consideration by the HSE. The risks posed by the lone working arrangements were strongly highlighted in the interim business case. In addition, an Occupational Therapist has been contacted in relation to compiling a full assessment on all 15 residents. These assessments will commence on the 11th July 2016. Once completed, this assessment information will also inform the final business case to be submitted to the HSE.

The relevant SLT assessment has been reviewed and updated in the first instance. The PPIM is in contact with the Speech and Language Therapist to gather further information in relation to appropriate supervision levels at meal times. This information will also inform the final business case.

The PIC has been in contact with the Landlord in relation to reviewing the visual alert system linked to the fire alarm. Additional safeguards discussed include flashing beacons etc. in the shower and bathroom areas to enhance the safety of the residents with hearing impairments.

The PIC is also in contact with the local Fire Officer in relation to reviewing the evacuation procedures for all residents and staff. The review will also explore the option of a direct link to the fire station via Regent House fire alarm system.

Proposed Timescale: 30/12/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all apartment toilet facilities were supplied with hand soap or hand drying facilities such as paper hand towels, hand dryer or towel. This impacted on staff and residents being able to engage in appropriate hand hygiene which promotes the prevention and control of spread of infection.

9. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
Hand soap and hand towels are available to all the staff and service users.

All apartments will be checked by staff on a weekly basis for adequate soap and towels in all bathroom facilities and all residents will be reminded of the importance of hand hygiene.

This will be an item on all house meetings until it becomes an established practice in each apartment.

Proposed Timescale: 22/06/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate numbers of staff allocated in the centre to ensure safe and effective evacuation of residents in the event of an emergency, such as a fire.

The inspector reviewed the fire evacuation policy and procedures for the organisation which set out that all residents should be evacuated from a building in the event of a fire and reliance on emergency services to evacuate residents was not supported by the policy. The personal evacuation plan for a resident was not in line with the fire safety policy for the centre.

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

Please state the actions you have taken or are planning to take:
A meeting was held with the HSE on the 25th May 2016 to highlight the staffing issues and the complex needs of the residents. A further meeting with the HSE took place on the 1st July 2016 and an interim emergency staffing plan was submitted. This interim plan is 'under active' consideration by the HSE.

Safe evacuation of the building is an important component in this interim business case.

At present there is one resident who goes to the disabled access point within the building on sound of the fire alarm. The local fire service are aware of this procedure. This procedure is reviewed annually and has been agreed by the local Fire Officer. A meeting with the local Fire Officer to review these procedures is being arranged.

In addition an Occupational Therapist has been contacted in relation to compiling a full assessment on all 15 residents- which will commence on the 11th July 2016. This assessment information will also inform the fire evacuation procedure.

The PIC has been in contact with the Landlord in relation to reviewing the visual alert system linked to the fire alarm. Additional safeguards discussed include flashing beacons etc. in the shower and bathroom areas and also the relevant bedrooms, to enhance the safety of the residents with hearing impairments. These additional measures will be installed on the 19th July 2016.

The PIC is also in contact with the local Fire Officer in relation to reviewing the evacuation procedures for all residents and staff. The review will also explore the option of a direct link to the fire station via Regent House fire alarm system

Proposed Timescale: 30/09/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector reviewed a resident's behaviour support plan, however it was not comprehensive and required improvements. There was no evidence of a functional assessment of the resident's challenging behaviour.

The behaviour support plan did not identify triggers that could elicit behaviours that challenge for the resident. It did not set out adequate pro-active strategies that could be implemented by staff supporting the resident and the resident themselves to prevent the behaviour from occurring or lessen its severity, frequency or intensity.

11. Action Required:
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
There are currently 3 behaviour support plans in place for residents. These plans have been developed by the psychology team with input from staff and service users.

All 3 behaviour support plans now identify antecedents, triggers etc for the resident and appropriate management strategies.

Behaviour Support Plans for another 4 residents who require them will be put in place by October 2016

An Occupational Therapist has been contacted and in relation to compiling a full assessment on all 15 residents commencing on the 11th July 2016. This assessment information will inform the support plans.

Proposed Timescale: 30/10/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff assisted residents in defrosting meals, for example and preparing them. This concerned the inspector as staff were not trained in food hygiene and safety which could be a risk to residents if their meals were not prepared safely, for example thawed in proper conditions or heated to the correct temperature.

12. Action Required:
Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

Please state the actions you have taken or are planning to take:
On the day of the inspection two staff members were identified on the training plan as requiring Food Safety training.

The first of these staff members no longer works in the service and will be removed from the training plan.

The second staff member attended training in Food Safety on the 8th April 2016. The training record was not updated prior to the inspection. The training record has been updated.

Proposed Timescale: 30/06/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Where some residents did have specific healthcare needs, such as a compromised swallow which could lead to a risk of choking, they were not adequately supported in the centre.

13. Action Required:
Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

Please state the actions you have taken or are planning to take:
3 members of the Supported Accommodation staff team attended training on Dysphagia on the 25th May 2016. The other members of the team are due to attend the Dysphagia training on the 19th July 2016.

As an additional control measure to monitor the resident's wellbeing, staff have been requested to remain in the vicinity of the individual with compromised swallow during his mealtimes and for a half hour after meals, when possible. This was outlined at a staff meeting on the 22nd June 2016.

This identified need was also been highlighted to the HSE at meetings on 25th May and the 1st July will be comprehensively addressed in the final business case. In addition the comprehensive independent OT assessment and the advice to the PIC from the Speech and Language Therapist regarding appropriate supervision at mealtimes will also inform the supervision arrangements.

Proposed Timescale: 30/06/2016

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:
The statement of purpose did not meet the requirements as set out in the Regulations.

14. 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:
The SOPF has been updated to reflect the current PIC and PPIM input into the service. This was completed on the 9th June 2016

Proposed Timescale: 09/06/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge was not engaged in the day-to-day management of the centre in a manner that met with the care and welfare regulations, (as amended 2013), which sets out a person in charge of a designated centre must be full time.

The person in charge of the centre was also responsible for the resource centre attached to the centre, a day service, an outreach project and a pilot project in rehab enterprise. This meant the person in charge was responsible for five different areas of within rehab organisation.

The person in charge was not allocated enough time to the centre to ensure their responsibilities, as person in charge, could be comprehensively implemented and reviewed.

15. Action Required:
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

Please state the actions you have taken or are planning to take:
Following this inspection a meeting took place with the HSE to highlight the concerns raised in relation to the staff levels, management input and the current complex needs of the residents. These meetings took place on the 25th May and 1st July 2016.

At these meetings the HSE requested that once the Inspection Report was received from HIQA, that RehabCare would draw up a Business Case identifying the need for increase in staffing and the associated costs.

The interim business case was submitted to the HSE on the 1st July and included increased staffing levels to meet supervision requirements until such time as the comprehensive needs assessments have been completed by the independent OT and SLT. This information will form part of the final business case to identify the staffing complement required to meet the current needs of each resident.

As part of the interim plan we have included the recruitment of two Team leaders (2 x 20 hours) to ensure appropriate engagement at a supervisory level in the day-to-day management of the centre.

As of the 30th June 2016, the PIC will no longer be responsible for the Enterprise project as part of her overall responsibilities, thus allowing more time to be actively

involved in the centre.

Proposed Timescale: 30/12/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The team leader assumed responsibility for the centre in the absence of the person in charge. They were allocated approximately four hours per week in a management capacity for the centre. This arrangement did not provide adequate arrangements for the management of the centre in the absence of the person in charge.

16. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Currently in the absence of the PIC there is a PPIM who is allocated 4 hours per week Team Leader duties and is contactable in relation to any Supported Accommodation issues. After 5pm there is an On Call manager available to the services.

As of the 30th June 2016, the PIC will no longer be responsible for the Enterprise project as part of her overall responsibilities.

Following this inspection, meetings took place with the HSE to highlight the concerns raised in relation to the staffing levels, management input and the current complex needs of the residents. These meetings took place on the 25th May and 1st July 2016. An interim emergency staffing plan was submitted on the 1st July 2016 and is under 'active consideration' by the HSE.

As part of this plan we have included the recruitment of two Team leaders (2 x 20 hours) to ensure appropriate support is available at a supervisory level in the absence of the PIC. This will increase PPIM allocated hours from 4 hours per week to 40 hours per week, until such time as the comprehensive needs assessments have been completed by the independent OT and SLT. This information will form part of the final business case to identify the staffing complement required to meet the current needs of each resident.

Proposed Timescale: 30/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were not enough staff allocated to work in the centre to meet the needs of residents.

17. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The need for additional staff in light of the areas highlighted in this inspections report were conveyed to the HSE at meetings on 25th May and the 1st July 2016. This need was further highlighted in the interim business plan.

The interim business plan was submitted to the HSE on the 1st July and as part of this plan we have included the recruitment of two Team leaders (2 x 20 hours) to ensure appropriate support is available at a supervisory level in the absence of the PIC. This will increase PPIM allocated hours from 4 hours per week to 40 hours per week as well as the existing staffing compliment, until such time as the comprehensive needs assessments have been completed by the independent OT and SLT. This information will form part of the final business case to identify the staffing complement required to meet the current needs of each resident.

RehabCare is committed to the provision of ongoing specialised training for all staff, and staff will undertake mandatory and specialised training programmes including, Dysphagia.

These staff will also be available to support the fire evacuation requirement referenced in the HIQA report.

Proposed Timescale: 30/12/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were not trained in the management of dysphagia or how to support a resident requiring a modified diet. Some residents in the centre required supports in this regard.

18. 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:
3 members of the Supported Accommodation staff team attended training on Dysphagia on the 25th May 2016. The other members of the team are due to attend the Dysphagia training on the 19th July 2016.

Proposed Timescale: 30/07/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The governance arrangement for the centre provided inadequate support and supervision arrangements of staff to ensure they were carrying out their duties within the policies and procedures for the organisation and in line with the regulations.

There were inadequate arrangements in place to support staff in the event a serious incident took place in the centre. The inspector on reviewing incidents that had occurred in the centre over the previous months was concerned that lone working staff had been inadequately supported when incidents had occurred in the centre during the evening or night time.

19. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
Currently in the absence of the PIC there is a Programme Supervisor who is contactable in relation to any Supported Accommodation issues. After 5pm there is an On Call manager available to the services.

As of the 30th June2016, the PIC will no longer be responsible for the Enterprise project part of her responsibility.

Following this inspection, meetings took place with the HSE to highlight the concerns raised in relation to the staff levels, management input and the current complex needs of the residents. These meetings took place on the 25th May and the 1st July 2016.

The interim business plan was submitted to the HSE on the 1st July and as part of this plan we have included the recruitment of two Team leaders (2 x 20 hours) to ensure appropriate support is available at a supervisory level in the absence of the PIC. This will increase PPIM allocated hours from 4 hours per week to 40 hours per week as well as the existing staffing compliment. This will ensure that there are 2 staff on every shift, 7 days per week until such time as the comprehensive needs assessments have been completed by the independent OT and SLT. This information will form part of the final business case to identify the staffing complement required to meet the current needs of each resident.

In the interim the staff available will be deployed to mitigate the risk outlined. This will include the use off site security operator to patrol and monitor the premises, as appropriate.
Proposed Timescale: 30/12/2016