

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Knocklofty Residential
Centre ID:	OSV-0003637
Centre county:	Tipperary
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:	11
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:
29 August 2016 10:30	29 August 2016 19:30
30 August 2016 09:50	30 August 2016 17:20

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. The registration inspection was taken on foot of an application to register by RehabCare. The centre was previously inspected in July 2014. This inspection gathered evidence to assess the fitness of the provider, RehabCare, in providing safe and appropriate supports to residents in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The provider had applied to register the centre to accommodate 11 residents.

How we gathered evidence

The inspector met with all residents present in the centre during the two days of inspection. The inspector spoke directly with five residents and discussed what it was like to live in the centre, if they felt safe and supported and was there any improvements they would like to see.

Policies and documents were reviewed as part of the process including a sample of health and social care plans, complaints log, contracts of care and risk assessments. The inspector observed practice and staff interactions with residents. Residents had varying communication abilities and the inspector interacted with residents in line with their communication styles and preferences as set out in their personal communication plans and following guidance from staff.

Description of the service

The statement of purpose for the centre set out that the provider aimed "to provide a safe environment which is home to the individual where they are valued and respected". It also stated, "the directions and decisions a person makes about their life is done through a process of person centred plans in which they are encouraged and supported to achieve their potential through their goals and aspirations".

Overall the inspector was satisfied that residents were experiencing this type of service with some small improvements required.

The centre comprised of two large detached multi-occupancy houses and three single occupancy houses, referred to in the report as residential units. The centre was located in a rural location outside a town in South Tipperary. Also linked to the centre residents operated a small farm in which they cared for and reared animals and grew vegetables and fruit.

The provider had ensured residents had access to a range of local amenities such as shops, churches, restaurants, pubs, barbers, hairdressers. The centre had the use of two accessible vehicles to facilitate residents accessing local amenities. The person in charge had also linked with a local transport company which provided a transport link service to and from rural areas to the local town.

The centre accommodated 11 adult residents with mild intellectual disabilities and associated mental health and/or physical disabilities.

Overall judgment of our findings

Of the 18 outcomes assessed 14 Outcomes were found to be compliant or substantially compliant.

The appointment of the person in charge in the centre since January 2016 had helped to strengthen the governance structures in the centre providing support and direction for the team leaders and staff within the centre. Since her appointment she had begun an enhancement of the person centred supports and initiatives already in place for residents which had resulted in them becoming more independent, having greater access to their local community and to explore employment options. There was a farm linked to the centre which some residents attended as part of their

employment and day services. Not all residents wished to work in the farm and alternatives had been explored with one person resulting in a change in day service provision to enable training and working towards work experience. Another person has secured work experience.

Some improvements were required. No resident in the centre was engaged in active employment or educational pursuits despite all residents presenting with good literacy and numeracy skills.

Staffing arrangements required review. To ensure residents were adequately supported staff sometimes worked long shifts which they told the inspector were tiring and difficult particularly when supporting residents that presented with mental health issues which required intensive supports.

The inspection findings are explained in each of the 18 outcomes discussed in this report. The regulations that are not being met are included in the Action Plan at the end with the provider's response of how they will address them.

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

Findings:

Residents' rights, dignity and consultation were well met in this centre. Residents' opinions, preferences and civil rights were upheld to a good standard.

The centre had a complaints policy and procedure. It met the requirements of the Regulations. In addition the complaints procedure was clearly displayed in a prominent position in an easy read format in all residential units of the centre.

The inspector reviewed complaints log for the centre and found that any complaints which had been received had been addressed in a comprehensive, timely way with complainants feedback documented. There was also evidence to indicate that complaints brought about improvements for residents quality of life.

Some examples were where a resident had complained that the doors in the centre made a loud noise when closed at night time which disrupted their sleep. The person in charge contacted the health and safety officer for the centre to resolve the issue also ensuring the fire compliance of the doors would not be impacted on. The resident was happy with how the person in charge addressed the issue. The person in charge had also supported a resident to make a complaint to their local taxi company outlining the resident's dissatisfaction with seat belts used in the taxi not meeting their requirements.

All residents spoken with told the inspector the person in charge was somebody they would go to with a complaint. They also said they would go to any member of staff and had confidence that they would be supported and listened to.

Residents were consulted with regularly and participated in decisions about their care and about the running of the centre. There were regular residents' meetings on a Monday evening which enabled residents to make plans and discuss matters important

to them. Staff recorded minutes of the meetings.

The meetings were also an opportunity for residents to discuss activities they wished to engage in or plan individually or as a group, such as planning holidays or excursions and also to be informed of upcoming local festive events and current affairs such as voting in the local elections. The inspector observed a meeting occur during the inspection. All residents spoken with told the inspector they valued the meetings.

Residents' capacity to exercise choice in their daily lives and routines was respected and facilitated. Where required some residents had undergone a capacity assessment in order to ascertain their abilities to make choices in their lives.

They also had opportunities to participate in activities that were meaningful and purposeful to them. These included household chores within the centre itself and in the farm that was part of the designated centre. Residents required more opportunities for paid employment and occupation this is further discussed in Outcome 10: General Welfare and Development.

The inspector noted there were systems in place to safeguard residents' finances. Each resident had their own credit union/post office and/or bank account. Bank statements regarding finances are generally issued directly to residents. Each resident spoken with told the inspector that they had a safe place to store their personal monies, for example. The inspector observed staff engage in auditing of resident's monies during the course of the inspection and found the system to be robust. Some residents were fully independent in managing their finances and this was supported and encouraged in the centre.

There was adequate space in the residents' rooms for clothes and personal possessions. The laundry and facilities were available for residents to manage their own laundry if they wished. Each residential unit had a washing machine and clothes dryer. Residents also had the option to dry their clothes outside if they wished.

Privacy arrangements were also in place throughout both residential units that made up the centre. Residents could lock their bedroom doors if they wished and their bedrooms were private spaces which staff were observed to respect. Similarly, toilets and bathing facilities had adequate provisions in place to ensure privacy and dignity for residents.

The person in charge had worked as an advocacy manager before taking up post as person in charge of the centre. The inspector found there to be lots of information for residents with regards to advocacy services in each residential unit. There were instances where residents were supported to use their local advocacy service and were informed of the role of the advocate in supporting them.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported and assisted to communicate in accordance with their personal communication abilities. Assistive technology equipment was available to support residents in accessing information and promoting communication options for them.

Staff were aware of the communication needs of all residents and the inspector observed them communicating with residents demonstrating due regard of their individual communications styles. Easy read versions of some documents had been developed including the residents' guide and statement of purpose.

Visual aids were used throughout the centre to support communication to relay information regarding daily activities, menu choice and staff on duty, for example.

The person in charge had supported some residents to purchase mobile phones and staff had helped residents to learn how to use them. Each residential unit of the centre had a phone which residents could use to receive and make calls.

Residents used smart phones, electronic hand held computer devices and communal computers to access the internet and or connect with family and friends using social networking. The provider had installed wireless internet connection in the centre to support residents using internet facilities.

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:

Residents were supported to maintain contact with their families, develop and maintain friendships and romantic relationships.

Families were encouraged to visit and stay for a meal with the residents if they wished. Regular contact was maintained between the staff and the relatives and visits were supported through the provision of appropriate transport resources and staffing available.

Residents' families and representatives were also actively encouraged to participate in personal planning meetings for residents where appropriate. A family contact log was also maintained in residents' personal plans which outlined various communications from residents' families and friends with regards to plans, general information or to inform them of residents upcoming important appointments, for example.

There was a policy on visitors available and there was a sign in book for visitors in the house.

The inspector saw that residents were encouraged to develop links with the wider community as much as possible. Residents participated in various employment or work experience placements. Some residents attended a resource centre part of RehabCare Services and some residents accessed work experience in the community.

Residents also used the local amenities and services and were informed of the various emergency services available to them. For example, residents had received a visit from their local Garda Síochána informing them of their role and information on road safety. Local ambulance emergency services staff had visited the centre and talked to the residents about the service and the local fire brigade had also visited residents at their home and discussed their role.

These visits had been very positive experiences for residents. Not only had they been fun and interesting but they informed residents of the services available to them as citizens of their local community.

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):

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

Findings:

There were policies and procedures in place to guide the admissions process. Actions from the previous inspection with regards to the admission policy had been addressed. The process for admission to the centre was also described in the statement of purpose.

Each resident had an agreed written contract that dealt with the support, care and welfare of residents and included details of the services to be provided for each resident and the fees they would be charged.

The inspector reviewed a sample of contracts for the provision of service which documented signatures of residents and their representatives. Residents had also been issued with tenancy agreements where applicable. These had also been signed by residents.

A breakdown of their fees residents were required to pay, including their weekly rent fee were also outlined in their contracts for the provision of services and tenancy agreements.

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):

No actions were required from the previous inspection.

Findings:

The care and support provided to residents was consistently and sufficiently assessed and reviewed. Personal plans comprehensively reflected residents' assessed needs and wishes.

The inspector reviewed a selection of personal plans which were comprehensive, personalised, detailed and reflected residents' specific requirements in relation to their

social care and activities that were meaningful to them. There was evidence of a comprehensive assessment implemented and ongoing monitoring of residents' needs including residents' interests, communication needs and daily living support assessments. Residents' assessment of needs included educational, leisure time activities, general likes and dislikes, nutrition and food preferences, intimate care and personal hygiene, independent living skills, social skills, behaviour assessments and safety skills.

Personal plans also contained information records such as personal risk assessments, support plans, daily reports, allied health professional recommendations and appointment updates and medication management assessments.

Residents had identified goals both long term and short term which had been discussed with them and agreed at their personal planning meetings. Some goals achieved by residents included supporting a resident to communicate their needs more verbally, for example at mealtimes. Specific skill teaching plans were in place to support the resident in achieving this goal. The proposed outcome would ensure the resident engaged in less incidents of behaviours that challenge to communicate their needs which could then be used as a life skill in a wide variety of social situations.

There was evidence of review and assessment of residents' goals and plans on an ongoing basis. This was documented in a colour coded system whereby the original plan was indicated in one colour and changes made or updates in another format.

All residents had a copy of their individual personal plans in an accessible format specific to their communication styles and abilities.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The centre was accessible, suitable and safe for the number of residents living there. However, there had been two instances where the centre had flooded resulting in residents having to evacuate the premises from one residential unit.

The centre comprised of five residential units, two large houses and three small houses suitable for single occupants.

All accommodation provided residents with their own bedroom. Bedrooms were large and well proportioned to accommodate residents' personal belongings with adequate sleeping arrangements also.

Residents were encouraged to decorate homes and bedrooms to their own taste and residents that wished to showed the inspector their homes and bedrooms which were personalised with photographs of family and friends, personal memorabilia and paintings.

There were an adequate number of showers and toilets in all residential units that made up the centre. Suitable equipment was available which made the centre accessible to all residents.

Communal spaces were comfortable living rooms with varying seating options. The external premises was well maintained and pleasantly landscaped with fruit trees and well maintained lawns. To the rear of the centre a small farm was located in which residents cared for animals such as ducks, chickens, horses, pigs and donkeys.

Laundry facilities were provided and residents were encouraged to do their own laundry with support from staff where necessary. Residents' clothes could be dried outside.

A good standard of cleanliness was noted throughout. A cleaning schedule was in place to ensure high standards were maintained. Each of the larger residential units had a large utility space each which was used for laundry purposes and storage of cleaning equipment.

The facilities were consistent with those described in the centre's statement of purpose and resident's guide.

There had been two instances where one of the large residential units of the centre had flooded, once in 2014 and subsequently in 2015. Both times residents had to be evacuated from the centre. A comprehensive emergency evacuation plan was in place which included the identification of a nearby hotel which could be used in the event of another emergency. The provider had not addressed the flooding risk to the centre in a comprehensive way to prevent or minimise any unnecessary disruption to residents in the future.

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 residents, visitors and staff was promoted in the centre. Fire containment and management procedures were in place and regularly reviewed and infection control measures met the needs of residents and suited the purpose and function of the centre. Actions from the previous inspection had been completed. However, learning from carrying out fire drills required improvement.

The risk management policy met the requirements of the Regulations and was implemented throughout the centre and covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

There was an up to date health and safety statement which addressed all areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, and transport of residents. Hazards were identified with control measures in place. Personal risks relevant to each resident had been identified and were maintained in their personal plans with control measures in place.

A risk assessment which had been carried out related to inadequate seat belts available in a disability access taxi service used by residents. The inspector discussed this risk with the person in charge as the control measures were not adequate to manage the risk posed. The person in charge informed the inspector that residents were no longer using the taxi service and had put in a complaint with regards to the inadequate service. The person in charge updated the risk assessment to reflect this.

All accidents and incidents were recorded in a risk register with control measures documented and a risk analysis rating against each risk identified. During the inspection the inspector did identify one hazard which required addressing. This was the location of solid fuel (wood and coal) storage containers beside a designated smoking area. Subsequent to the inspection the person in charge emailed the inspector with photographic evidence that the solid fuel containers had been moved and the hazard had been addressed.

Fire policies and procedures were centre-specific and up to date. The inspector observed that there were fire evacuation notices and fire plans displayed in each residential unit of the centre. Each residential unit had a fire and smoke detection system and all had received quarterly servicing which was up-to-date. This addressed an action from the previous inspection. All fire safety equipment had also an up-to-date service.

All fire escape route doors had a thumb turn system which provided easy and prompt exit from the centre without the necessity for a key. This also provided residents with a system which they could easily evacuate independently if necessary.

The inspector noted the presence of smoke seals on a sample of doors reviewed on inspection. All doors in the premises appeared to be heavy set fire compliant doors. This promoted good fire and smoke containment measures in the centre.

Individual personal evacuation management plans were documented for some residents and implemented as part of fire drills in each residential unit. However, the inspector identified that an evacuation plan for a resident did not outline how the resident was to evacuate the centre if the door to their bedroom was closed, for example. The resident required assistance from staff to open doors in the centre. This required improvement.

Regular fire drills took place and records reviewed by the inspector confirmed that they were undertaken approximately once a quarter. The response of residents during fire drills was documented and also the length of time the drills took.

The inspector noted some details in the fire drills would require residents' personal evacuation plans to be updated or drafted in some instances. Some residents had refused to evacuate the premises during the drill. Other residents had mobilised in the wrong direction towards where the fire was simulated in the drill. While details of the fire drills were documented there was no evidence of learning from the drills to improve evacuation procedures and provide information for drafting personal evacuation plans for residents that required them.

There was a detailed policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Hand washing facilities in the centre were adequate. Hand wash and drying facilities were available to promote good hand hygiene in each residential unit of the centre. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended training and refresher training. As part of new staff member's induction to the centre they observed other staff engage in specific manual handling techniques and operation of hoists within the service. The centre was supplied with overhead hoists and also manual hoists to ensure appropriate and safe practice was implemented.

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:

There were appropriate measures in place to protect residents being from being abused, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse.

There was a policy which guided staff on the prevention, detection and response to abuse. All staff had received training in procedures aligned with this policy. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse. Due to the nature of some resident's personal needs robust supports were required to ensure their personal safety and reduce the risk of them experiencing abuse.

A number of residents required therapeutic supports from mental health services. Residents were supported to avail of community psychiatric services where required. A community psychiatric nurse was available and visited the centre to administer medication to residents that required her services. Some residents attended regular meetings with their psychologist for support and intervention.

At the time of inspection the person in charge and team leaders were in the process of re-drafting behaviour management guidelines for residents that required them, to incorporate more therapeutic, person centred supports for staff to implement. However, in order to implement them staff working in the centre required training in therapeutic responses and management of mental health issues which some residents could present with. While the person in charge had experience and training in therapeutic management of residents with mental health issues not all staff working in the centre had.

A restraint free environment was promoted throughout the centre. Some residents presented with difficulties in managing aspects of their lives and required restrictions in certain areas, the use of their mobile phone, for example. Restrictions, however, were in full consultation with the resident and requested by the resident in some instances. At the time of inspection appropriate supports were in place to allow all residents have safe access to house phone and / or mobile phone.

Residents were encouraged to advocate for themselves, know their rights and encouraged to make a complaint which provided further assurances that the centre was a safe place for residents to live in. Questionnaire feedback from residents and their families was positive and residents indicated they liked living there and felt safe.

Judgment:
Substantially 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:

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

To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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:

Overall, residents had a good standard of general welfare in the centre. However, there were some improvements required to ensure they were reaching their full potential as active citizens in their community.

There was a policy on access to education, training and development.

All residents presented with a mild intellectual disability and had good literacy and numeracy skills. Some residents independently frequented their local town. However, no resident living in the centre was engaged in active employment or education.

The person in charge had begun to support residents in drafting their own curriculum vitae (CV) which they could use to apply for jobs. This had resulted in some residents acquiring work experience. This work experience would be used as to help the resident in creating a strong CV.

Other residents had expressed they wished to explore other day activity options outside of the day service that they attended or the farm linked to the centre. An assessment of residents work and educational goals was required in order to create opportunities that would enrich their lives and provide them with meaningful engagement and occupation.

Judgment:

Non Compliant - Moderate

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 reviewed a sample of health care plans for residents living in the centre and found they were supported to have their health needs met. Identification and ongoing review of residents' nutritional risk required some improvements to make them comprehensive and to guide staff practice.

Residents were supported to access health care services relevant to their needs. Residents each had their own general practitioner (GP). Residents also used primary care services to access the supports of allied health professionals such as dieticians, speech and language therapists (SALT), physiotherapy, psychiatry services and occupational therapy. They were supported by staff and/or family members to attend appointments and undergo necessary interventions, for example, blood tests or hospital appointments.

Residents had the choice to eat out, order in takeaway or prepare meals in the centre as they wished. Fresh and frozen foods were in good supply in the centre. Staff kept a record of the food choices offered to residents and if they liked or disliked them. This

information formed the decision making around what menu choices were for residents each day/week.

Some residents required supports to maintain a healthy weight. Staff supported residents to make healthy food choices as much as possible and food cooked in the centre was nutritious and balanced. Those residents requiring supports to manage their weight were also at high risk of developing diabetes and/or heart complications. There was evidence to indicate staff were supporting residents to make healthy food choices and engage in exercise, allied health professional guidance and recommendations for weight management, the prevention of heart disease and diabetes was absent. Some residents attended local weight loss classes whilst others were under regular review with their dietician.

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):
No actions were required from the previous inspection.

Findings:

Overall, residents were protected by the centre's policies and procedures for medication management.

All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices.

Staff involved in the administration of medications had attended safe administration of medication training.

Staff who spoke to the inspector were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements when observed by the inspector during the inspection.

Residents' medications were stored securely in the centre. Residents who could independently take their own medications had secure storage space in their bedrooms.

Medication administration charts reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no controlled drugs in use at the time of this inspection.

Medication audits by a member of the management team of the centre were carried out to ensure systems were in line with the policies and procedures of the organisation and to ensure best practice. Medication was also counted and logged when received into the centre and when transferred with a resident during a home visit or if they were going on holiday. This would identify any discrepancies should they occur.

Residents were supported to have the pharmacist of their choice and were also supported to use their pharmacy services as independently as possible. Where residents self-administered their own medication a comprehensive assessment was completed.

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 met the requirements of the Regulations.

It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives.

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:

There was evidence to indicate that the quality of care and experience of the residents living in the centre would be monitored on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services in accordance with the statement of purpose. A competent and knowledgeable person in charge had been appointed to manage the centre.

The inspector interviewed the person in charge during the inspection. The person in charge's fitness to manage the centre was assessed and the inspector found her to be a suitable person to manage the centre with the necessary skills, knowledge of the regulations, experience and training.

The inspector also assessed the person in charge's ability in practice during the inspection and found evidence that residents were receiving a quality service. Compliance was found in most outcomes on this inspection and quality improvement initiatives by the person in charge since starting in the post January 2016 had brought about improvements in residents' quality of life, independence and autonomy.

The person in charge was engaged in ongoing auditing of health and safety, fire safety, medication management, vehicle maintenance and management of residents' finances where required. Through the implementation of these audits the person in charge identified key issues that required review and had made arrangements for them to be addressed. For example, the person in charge had identified representatives to now attend residents' PCP meetings ensuring residents' goals can be supported both in the centre and while they are in their day service.

Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre. The inspector reviewed the unannounced visits and the annual review of the centre. This auditing system was effective in improving the quality of care and experience of residents living in the centre. Following the previous unannounced visit, for example, it was identified behaviour management guidelines were not in place where required. At the time of inspection the person in charge was reviewing their format and drafting new guidelines.

There was also a clearly defined management structure that identified the lines of authority and accountability. The person in charge was supported in her role by two team leaders (persons participating in management (PPIM) and the regional area manager who had responsibility for oversight of a number of designated centres in the area. Each large residential unit had an assigned team leader. Their responsibility was direct line supervision of staff practices, drawing up staffing rosters and managing residents' supports as required.

The provider nominee for the centre had assumed their role earlier in 2016. He was knowledgeable of the centre and had a good understanding of the regulations and his regulatory responsibilities. The provider nominee 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 inspector noted the audits carried out in the centre six monthly and annually were of a good standard and comprehensively assessed how well the centre was meeting its regulatory requirements against the standards and regulations.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary.

Appropriate deputising arrangements were in place should the person in charge be absent from the centre.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly.

Staff confirmed that transport was available to bring residents to their home, the various activities and the day service.

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:

Management systems for the centre indicated that staff were recruited, selected and vetted in line with the requirements as set out in Schedule 2 of the Regulations.

Staff working in the centre had been provided with appropriate training to meet the needs of residents and the objectives and aims of the centre as set out in the statement of purpose. There were some improvements required. The person in charge was yet to establish a formalised supervision process with staff. There were some staff shortages leading to staff working long shifts.

A sample roster was reviewed for the centre. This indicated there were an adequate number of staff allocated to support residents during the day with waking and sleep over staff in the centre at night time.

To ensure adequate staffing numbers working in the centre at any given time, staff were sometimes expected to work long work shifts which could include sleeping over in the centre and working on shift the next day. Staff spoken with said they found those work shifts long and tiring particularly when they were supporting residents with high intensity mental health needs. The provider had not adequately assessed and reviewed

these practices to established if there was any adverse outcome for residents.

The person in charge and a team leader in the centre discussed this issue with the inspector and informed them that they were reviewing the rosters and length of shift staff worked. However, at the time of inspection the new roster had not been drafted.

A training plan was in place for the organisation. Records of staff training were maintained. There was evidence that staff had attended a range of training in areas such as the management of behaviour that challenge, understanding borderline personality disorder, safe administration of medication, manual handling and fire safety training. Staff training in therapeutic management of behaviours that challenge associated with mental health conditions was required. This is further discussed in Outcome 8: Safeguarding and Safety.

From a sample of staff files reviewed they were found to meet the matters as set out in Schedule 2 of the regulations which indicated safe and appropriate recruitment practices had been implemented.

Staff working in the centre were directly supervised by the person in charge and team leaders working in the centre. While staff had direct line supervision and discussion with their managers regularly the person in charge was yet to establish a formalised supervision and appraisal system for staff in accordance with the requirements of the Regulations.

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):

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

Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as

required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

The inspector reviewed the directory of residents which was up to date.

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
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Knocklofty Residential
Centre ID:	OSV-0003637
Date of Inspection:	29 August 2016
Date of response:	11 October 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 06: Safe and suitable premises

Theme: Effective Services

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

The provider was required to address the flooding risk to the centre.

1. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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:

- Review of the current control measures in place to reduce the flood risk to the minimum to be completed. Carryout a review of this existing flood defences and earlier warning systems in place on site and assess their suitability. Engage the services of a flood prevention expert to assist with this assessment. This will be completed by 31/12/2016.
- Re-engage with Waterford County Council in relation to the issue of the more permanent solution by 31/12/2016. Engaging with both the Housing Department and the Roads Department to seek their formal response on the matter.
- Consider Waterford County Council's formal response on receipt of same to inform the next steps.

Proposed Timescale: 31/12/2016

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:

While details of the fire drills were documented there was no evidence of learning from the drills to improve evacuation procedures and provide information for drafting personal evacuation plans for residents that required them.

2. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

- Fire Drill to be completed in each property by 31/10/2016
- All individual PEEPs to be reviewed and updated as required by 7/11/2016
- Report on the fire evacuation to be completed and reviewed at staff meeting by 20/11/2016 to ensure learning and improve evacuation procedures. Fire drill reports to be discussed at staff meetings on a quarterly basis thereafter.
- Fire Evacuation Procedures to be reviewed by 15/11/2016, to be reviewed quarterly thereafter
- Following the fire evacuations, if required staff will support service users to develop their skills to ensure they can evacuate the premises as quickly and as independently as possible.

Proposed Timescale: 20/11/2016

Theme: Effective Services

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

One personal evacuation plan reviewed did not provide sufficient guidance.

3. 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:

- The aforementioned PEEP to be updated by 14/10/2016
- An automated door opening function will be fitted on bedroom door to allow for safe independent access and egress.

Proposed Timescale: 31/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff working in the centre required training in therapeutic responses and management of mental health issues which some residents could present with.

4. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

- Training needs analysis for all staff to be completed by 31/10/2016. Training needs already identified are:

Grief and Loss

Trauma

Dual Diagnosis

Mindfulness

Borderline Personality disorder

Team Building

Debriefing (Team Leaders Person In Charge)

- Training Plan detailing training required, identifying training providers and costs to be developed by 15/11/2016.
- Submission to be made to the HSE for funding for training to be made by 30/11/2016
- Training to be rolled out in 2017

Proposed Timescale: actions will be completed by 30/11/2016 and training to be undertaken asap in 2017

Proposed Timescale: 30/11/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

No resident living in the centre was engaged in active employment or education.

5. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

- Utilise PCP process to include Resource Centre/Day Service representative in the planning process to identify opportunities for training, development and employment.
- Key worker for each service user to link in with Day Service/ Resource centre and advocate for service user's choices as required.
- Support service users to liaise with HSE Guidance officer in respect of education and employment goals. Request their input by inviting them to participate in review meetings and or by providing ongoing support.

Proposed Timescale: 31/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The structure of staff shifts required review.

6. 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:

- Review of rota including input from staff members and HR to take place by 31/12/2016.
- Current Rota is planned to January 2017 (to allow planning for Christmas period). New rota to be in place by 31/03/2017

Proposed Timescale: 31/03/2017

Theme: Responsive Workforce

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

While staff had direct line supervision and discussion with their managers regularly the person in charge was yet to establish a formalised supervision and appraisal system.

7. 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:

Schedule for Supervision of all staff including relief staff members will be developed by 31/10/2016

All staff will have been supervised at least once by 15/12/2016 and on a six weekly basis thereafter.

Proposed Timescale: 15/12/2016