

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kilkenny Supported Accommodation
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:	16
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 November 2016 11:00	29 November 2016 20:00
30 November 2016 10:30	30 November 2016 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection

This was an announced follow-up inspection carried out over two days. The inspection was carried out to assess the provider's response to a number of non compliances found during the registration inspection of the centre by the Health Information and Quality Authority (HIQA) previously carried out in the centre April 2016.

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. 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 and social care assessments of need.

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 staff that worked in the centre.

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 comprises of six apartments located on the second and third floor of a building located in an urban centre. The centre can 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

Governance and management arrangements were not adequate in this centre and failed to effectively respond to residents' needs and issues of risk and safeguarding.

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.

The inspector still 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 still worked on their own for the majority of shifts and were not directly supervised by the person in charge or a person participating in management of the centre.

While residents were assessed to be relatively independent and could manage many aspects of their lives relatively independently there were instances where they required specific supports from staff but this was not in place for them. An assessment of social care needs had been carried out since the previous inspection to address a non compliance. This assessment had identified all residents had social care needs which required specific levels of support despite their relative independence and abilities.

However, the staffing resource had not been reviewed in light of the recent assessment of residents' social care needs. A number of non compliances found on this inspection were as a direct result of inadequate resourcing of the centre to meet the needs of resident and a robust governance and management arrangement which could provide adequate oversight and consistent review of the quality of care. In one instance a resident was requested to leave the centre at the weekend against their wishes and return to their family home. The resident was documented to have been upset with this decision and fearful that they may lose their residential placement.

Safeguarding issues were not adequately managed and there was evidence that residents were vulnerable as a result.

Residents living in the centre told the inspector they felt lonely sometimes and would

like for staff to spend time with them rather than carrying out tasks. Other residents spoken with said they did not go out in the evening time as they did not like to go out on their own and there were not enough staff to accompany them if they wished to do an activity in the evening. This resulted in them spending long periods of time alone in their apartment or bedrooms with nothing to do and little or no company.

The inspector issued two immediate actions during the course of the inspection. An allegation of abuse was not reported in a timely way. The person in charge and provider were required to instigate the centre's safeguarding of vulnerable adults policy and procedures. In another instance the inspector issued an immediate action for the person in charge to address a health and safety hazard which had the potential to cause a fire or electrical injury to a resident. These matters were addressed promptly during or shortly after the inspection.

Of the 11 Outcomes inspected five areas of major non compliance were identified. Following the inspection HIQA met with the provider nominee and the provider presented plans to address the non compliances found in this centre.

The findings of this inspection are discussed in more detail 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 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

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

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

Findings:

The inspector reviewed if actions from the previous inspection relating to the recording of complaints had been completed on this inspection.

The inspector found documentation regarding complaints and the complainants satisfaction with how the complaint was addressed, was now documented as required by the Regulations.

However, the inspector was not satisfied that residents' choice and rights were being adequately upheld and respected. In one instance a resident was requested to leave the centre at the weekend due to a resources issue. The resident did not wish to leave the centre and expressed their choice to stay in the centre. However, the resident's choice was not respected and resulted in them returning home at the weekend against their expressed wishes.

Some residents spoken with during the inspection said they would like to spend more time with staff and have staff support them when they wanted to go out and about in the evening or to sit and watch TV with them and chat. Other residents said they felt lonely and didn't go out in the dark evenings as they didn't like to go out on their own and there were no staff to support them so they stayed in mostly.

Judgment:

Non Compliant - Major

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):

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

Findings:

The inspector had identified on the previous inspection residents required supports in relation to personal relationships and developing safe links with their community.

To address this action given the provider and person in charge set out to establish the level of support residents living in the centre required in this area. An assessment of needs was carried out. This is further discussed in Outcome 5; Social Care Needs.

From this assessment specific needs for residents were identified which included support in the areas of relationships and sexuality and community participation and integration.

To address these identified needs the person in charge had supported all residents to participate in relationships and sexuality training. Also, two staff working in the centre were also in the process of completing training in relationships and sexuality to ensure they had the necessary skills and knowledge to support residents living in the centre.

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:

The inspector reviewed if actions given with regards to contracts of care for residents had been addressed. The inspector found they had been addressed adequately.

Fees payable by residents were now identified in residents' revised contracts of care providing greater transparency with regards to what services residents were entitled to receive, the terms and conditions of their residency in the centre and also fees they were required to pay, for example, rent, electricity, gas and shared expenses for residents that shared apartments with others.

All residents were also provided with a tenancy agreement.

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):

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

Findings:

The previous inspection for this centre had found overall there was an inadequate assessment of residents social care needs. In some instances residents social care needs had not been assessed for a period of years which was not compliant with the regulatory requirement for residents to have an up-to-date assessment of needs which is reviewed at least annually.

All residents living in the centre had received an assessment by the allied health professional. Where applicable other allied health professionals such as speech and language therapists, psychologists and psychiatrists involved in residents' care and support had also provided a review and up-to-date recommendation of residents' needs.

The person in charge had also begun an assessment of social care needs for residents but this had not been completed for all residents. Therefore, while an assessment of need had been carried out by an allied health professional the overall assessment of needs was not comprehensively completed for all residents. The action was found to be partially completed.

Social care assessments which had been completed identified a number of specific social

care needs which required care planning to support residents. The inspector found there was no support planning in place for those identified needs in the sample of personal plans they reviewed. For example, where residents were identified as requiring supports with regards to their vision, a plan of care to support this need was not in place. Some residents were identified as requiring specific supports regarding buying food and meal preparation. Care planning was not in place to support this need and some residents with this identified need. Not all residents with identified needs in relation to behaviour support had an associated behaviour support plan to guide staff in the management of this need.

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):

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

Findings:

While the location, design and layout of the centre was suitable for its stated purpose there were still some issues that required improvement to ensure residents' needs were met in a comfortable and homely environment. One action from the previous inspection had been addressed but there were still some improvements required to ensure the centre was a comfortable, clean and homely environment.

On the previous inspection it was 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. An action was on the previous inspection with regards to this.

A plumber investigation of this issue had identified that there was an issue with the traps for the showers in the apartments. Some traps were replaced and this had addressed the issue. A maintenance plan was in place which would ensure that these shower traps would be replaced and reviewed when required.

Vents were also installed in the apartment corridors which ensured better ventilation of fresh air in the centre overall. The inspector found that this intervention by the provider

and person in charge had addressed the previous action appropriately and to a good standard.

Previously the inspector had observed there were some instances where residents' apartments were not personalised or decorated and appeared less homely because of this. Some residents needed supports in this area.

The inspector found that this action had not been addressed adequately. While the corridors of the apartment floors had been re-decorated with pictures making the spaces more pleasant, residents' apartments still lacked a homely feel and a lack of personalisation. All six apartments had the same colour wall paint and furniture and flooring. This had not changed since residents had moved into the centre in 2009.

Improvements were required with regards to the oversight arrangements for cleaning and maintenance in the centre. The inspector observed some carpets in residents' apartments were heavily soiled and stained. A resident told the inspector that the carpet on the floor in their bedroom had a large stain which they found unsightly but couldn't address by themselves. Some bathing facilities required a system to be put in place to ensure support was provided to residents to clean them. The inspector noted some bathing facilities for residents were not maintained to an adequate standard of cleanliness.

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):

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

Findings:

Overall, most non compliances identified by the inspector on the previous inspection had been addressed however, the inspector was still not satisfied that there was a robust management and implementation of the risk policy for the centre. The inspector identified a health and safety risk during the course of the inspection which required an immediate action to address it.

The inspector reviewed a sample of personal risk assessments for residents to ascertain if the action from the previous report had been addressed. The person in charge had reviewed the personal risk assessments for residents and had updated them accordingly. They had also ensured where risks were identified a personal risk assessment had been

created which identified specific control measures in place to address the risk. This action was deemed by the inspector to be addressed adequately.

Previously the inspector had identified that a personal risk assessment for a resident identified at risk of choking did not identify strategies 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.

Since the previous inspection this personal risk assessment had been updated and more robust control measures were in place. The risk assessment now identified the specific supports required by the resident such as supervision the resident required and up-to-date recommendations from the resident's speech and language therapist (SALT) with regards to the supports they would require.

Staff working in the centre had received training in dysphagia (compromised swallow) management and modified consistency meal management. The inspector was assured that the risk was now being more robustly managed and the action had been addressed adequately.

However, the risk management policy for the centre was not being adequately implemented with regards to risk and hazard management in a number of other areas.

On visiting one apartment the inspector observed there were a significant overloading of sockets. The inspector was concerned that there could be a health and safety risk associated with this. The inspector requested a member of staff to ascertain how many plugs were being used in the resident's apartment. It was identified 55 plugs were in use in the apartment working from eight electrical wall sockets. The inspector issued an immediate action to the person in charge for all electrical plugs to be disconnected and a review of the hazard be carried out. These actions were taken by the person in charge at the time the immediate action was issued.

The person in charge was required to implement the risk management policy for the centre in an effective manner on a continual, consistent basis.

On the previous inspection, the inspector was concerned some resident's personal evacuation plans did not set out that all residents would evacuate the premises.

To address this action the person in charge requested a fire safety engineer review of fire evacuation systems in the centre. A Kilkenny County Council fire consultant visited the centre in November 2016. The review by the visiting fire engineer deemed fire evacuation procedures for residents in the centre were appropriate. The person in charge had provided the local emergency team with a copy of the resident's personal evacuation plan and a fire escape plan for the premises the designated centre was located in. The action from the previous report had been addressed.

However, this visit did result in a comprehensive report from Kilkenny County Council with a number of actions the provider was required to address within a three month time period to ensure appropriate and robust fire safety systems in the centre. At the

time of inspection the provider was in the process of addressing the matters set out in that report.

Risk management and fire safety measures to support fire safety and management of smoking were now in place. All residents that smoked had a drafted personal risk assessment with regards to this. The inspector also noted that metal buckets with sand were allocated for extinguishing of cigarette butts instead of ashtrays. Residents had also attended fire safety training and had been issued a fire safety certificate. This addressed the action from the previous report regarding management of risk related to smoking.

As was found on the previous inspection there were still 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 since the previous inspection the inspector was concerned that lone working risk management policies and procedures were not being implemented adequately. For example, two young persons had pushed past a staff member and entered the building when the staff member was coming on duty for their evening shift. This required the staff member by themselves to remove the young persons from the building. Staff did not contact their on-call manager to report the incident and worked in the centre on their own that evening. The lone working policy and procedure was not followed for this incident.

While incidents were recorded in the centre, review of incidents was not timely and in some instances the inspector noted that incidents reviews by the person in charge, for example had not occurred for a period of months after the incident occurred.

With regards to infection control management the inspector noted all apartment toilet facilities were now supplied with hand soap or hand drying facilities such. This encouraged more robust hand hygiene systems. This action had been addressed.

Judgment:

Non Compliant - Major

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 in place to protect residents from abuse required improvement. Actions from the previous inspection with regards to the management of behaviours that challenge had been addressed partially. The inspector issued an immediate action during the inspection instructing the provider and person in charge to take actions to safeguard residents living in the centre before the close of the first day of inspection.

As found by the inspector on the previous inspection, staff spoken with, were knowledgeable of their responsibilities in the protection of vulnerable adults and of safeguarding policies and procedures. However, the inspector was concerned that an allegation of potential abuse brought to the attention of staff working in the centre had not been responded to in a timely way and appropriate safeguarding measures had not been implemented to safeguard the resident or other residents in the centre.

An incident occurred in the centre the weekend prior to the inspection. The centre is not resourced with staff until the afternoon both on Saturday and Sundays. The alleged incident had occurred on Saturday before staff came on shift. The staff member who received the information about the incident attempted to address the issue at the time by speaking with the resident who was involved in the incident and putting some measures in place to safeguard them. However, the staff member did not report the incident to the manager on-call and the incident was not brought to the attention of the person in charge until the Monday morning following the weekend.

The incident was not deemed to be a safeguarding issue by the person in charge as it was viewed that the resident was consensual with the matters involved in the incident. Therefore, vulnerable adult safeguarding policies and procedures were not implemented by the person in charge in response to the allegation.

The inspector reviewed the information available to them at the time of inspection regarding the resident's assessment of needs and the matters detailed in the incident that had occurred. The inspector identified that there had been no assessment of the resident's capacity to consent or engage in the matters that had occurred in the alleged incident. The resident's assessment of need had also identified them as a person at risk with regards to the matters involved in the incident. The resident presented as a vulnerable adult and therefore safeguarding procedures were required to be implemented in response to the allegation made.

The person in charge took steps to address the matter as a potential allegation of abuse and to implement the safeguarding vulnerable adults policy for the centre. The inspector requested the person in charge to change the code access key to the premises and to allocate appropriate staffing resources that night if the code could not be changed.

The person in charge implemented the organisation's safeguarding policy procedures on the evening of the first day of inspection. A second staff member was allocated on duty the first night of inspection and the code to the premises was changed on the second day of inspection. The safeguarding team for the centre were also notified of the incident and safeguarding procedures were implemented by the person in charge the evening of the first night of inspection.

The inspector remained concerned however, with regards to safeguarding measures in place in the centre to protect residents. A safeguarding issue presented in one apartment in the centre which required increased supervision in the apartment. However, increased supervision resources had not been implemented in the centre to address the issue in order to safeguard residents.

An action relating to the quality of behaviour support management planning had been addressed. The inspector reviewed a recently drafted behaviour support plan for a resident. The inspector found the plan to be a comprehensive, person centred document with clear guidelines for staff to follow and in line with the assessed needs of the resident. The behaviour support plan had been created by an appropriate allied health professional.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector identified on the previous inspection that residents with specific healthcare needs, for example dysphagia (compromised swallow) were not adequately supported in the centre with regards to staff support and meal preparation in line with their identified needs.

To address the action from the previous inspection residents requiring modified consistency meals and dysphagia support management had received an up-to-date SALT assessment and recommendations which included the level of supervision and support from staff required. Staff had now been trained in the management of dysphagia and the management of modified consistency meal preparation.

Staff had also received training in food safety and hygiene, this improvement was as a result of an action given on the previous inspection.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose still did not meet some of the requirements as set out in the Care and Welfare Regulations (as amended) 2013.

It still did not include adequate information about the governance and management arrangements for the centre. 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 still not adequately 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):

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

Findings:

Governance and management systems in place were still not adequate to ensure

effective support to residents and to promote the delivery of safe, quality services. The person in charge was still 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 still not clearly set out in the statement of purpose.

While the person in charge demonstrated they had management and leadership skills and abilities, they were still 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 and an outreach project. This meant the person in charge was responsible for four different areas of within rehabcare organisation.

The person in charge was still 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 still 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, their whole time equivalent hours for the centre were not adequate to provide oversight of the centre in the absence of the person in charge.

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 put arrangements in place for six monthly audits of the centre by assigning a nominated person to carry out the visit on their behalf and create a report of the visit. However, these unannounced visits were not effective in identifying where quality improvements were required in the centre. These audit visits had not identified issues relating to risk, lack of staffing resources, hazards identification and safeguarding issues.

Judgment:

Non Compliant - Major

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):

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

Findings:

Staffing resources in the centre were not adequate to meet the assessed needs of residents and to ensure safe delivery of services. Staff were still not suitably supervised to carry out their role.

Staff still 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.

The lines of authority and accountability were still 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.

The inspector found the same issues with regards to task orientated duties for staff were still ongoing. Staff interaction with residents was still 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.

There was evidence to indicate staff had undergone mandatory training in the areas of vulnerable adult safeguarding, manual handling training and fire safety. Staff had also received training in the management of dysphagia management, food hygiene and supporting a resident requiring a modified diet. This addressed an action from the previous inspection report.

Judgment:

Non Compliant - Major

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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 report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002643
Date of Inspection:	29 and 30 November 2016
Date of response:	21 December 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:

The inspector was not satisfied that residents' choice and rights were being adequately upheld and respected.

1. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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

freedom to exercise choice and control in his or her daily life.

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

Increased staffing has been put in place with immediate effect (29/11/2016) to 2 staff on duty on each shift, including the sleep over shifts. Permanent increased staff posts have been advertised, including the post of dedicated Residential Services Manager and interviews planned for mid-January 2017. The new staffing level will now be maintained on a permanent basis.

The additional staffing is addressing the assessed needs of the individual residents in relation to social care supports and safeguarding in the community and also the home support needs that have been identified.

All residents will have access to support at all times, day, night and weekends, encouraging more evening activities and engagement with the community. This will also ensure that residents who wish to remain in their apartments at weekends can do so.

Proposed Timescale: Increased interim staffing in place from 29/11/2016 and permanent increased dedicated staff team by 28/02/2017

Proposed Timescale: 28/02/2017

Theme: Individualised Supports and Care

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

Residents reported they felt lonely and could not engage in activities in the evening time as there were not enough staff to support them.

2. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

Additional staffing is in place in the service since November 29th. This increased level of staff is enabling residents to access their community in the evenings with support.

Residents have been supported on a one to one basis to go Christmas and clothes shopping. The support has also encouraged groups of residents to go for dinner and to the cinema, these residents would ordinarily have spend the evening in their apartments.

This continued support will be responsive to needs as they arise and planned in line with residents identified goals.

Proposed Timescale: In place from 29/11/2016

Proposed Timescale: 29/11/2016

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:

While an assessment of need had been carried out by an allied health professional the overall assessment of needs was not comprehensively completed for all residents.

3. 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:

A needs assessment for all service users will be completed by the end of January 2017

The information detailed in the recent Occupational Therapist assessment will be used to inform these needs assessments, as well as meeting with each individual resident.

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

Social care assessments which had been completed identified a number of specific social care needs which required care planning to support residents. The inspector found there was no support planning in place for those identified needs in the sample of personal plans they reviewed.

4. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

As part of the overall needs assessment process, the social care supports will/have been identified and an action plan will be developed to enable the needs to be facilitated and supported.

The assessment will identify the staffing compliment required for each residents social care needs and will enhance the existing OT assessment to form a full and holistic

support package.

All existing action plans will be reviewed and updated as part of this process to ensure previously identified actions are now put in process.

Proposed Timescale: 31/01/2017

Outcome 06: Safe and suitable premises

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.

Some bathing facilities required a system to be put in place to ensure support was provided with cleaning as required.

5. 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:

From 29th November, the staffing compliment has increased to support all residents with their social care needs and their home support needs.

All the staffing positions have been advertised and will be interviewed by mid January 2017. The new staffing level will be maintained on a permanent basis ensuring an ongoing presence in the apartments to prompt and support with cooking, cleaning etc. where identified.

The increased staffing will also encourage residents of the apartments to decorate and add their own personal touches. This can now be facilitated as the staff will have the time to explore these ideas with residents and follow through with support in the shops to choose colour schemes, accessories etc.

The increase of staff presence in the service will allow the time needed for staff to both physically and verbally support the cleaning rotas on a consistent basis to those who require this support.

A list of specific tasks will be drawn up for each apartment in relation to cleaning, where it is required. This will include the frequency of the task to be completed.

Proposed Timescale: 28/02/2017

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:

There were still evidence that the lone working policy in place to protect staff and manage risk associated with it was not implemented adequately.

The person in charge was required to implement the risk management policy for the centre in an effective manner on a continual, consistent basis.

6. 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:

From 29th November, the staffing compliment has increased to 2 staff on duty on each shift, including the sleep over shifts. The new staffing level will now be maintained on a permanent basis, thus reducing the potential risks of lone working.

The additional staff will ensure that the service is better equipped to deal with emergency situations.

The appointment of a full time dedicated Residential Services Manager (PIC) and two part time Team Leaders will improve oversight and governance of risk management and review of incidents to inform changes to practice from learning arising out of incident analysis.

This will also enable the service to be more proactive in planning for emergency situations.

Proposed Timescale: 28/02/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider had not ensured that residents were appropriately safeguarded against abuse.

7. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

From 29th November, the staffing compliment has increased to 2 staff on duty on each

shift, including the sleep over shifts. The new staffing level will now be maintained on a permanent basis, thus reducing the potential safeguarding risks.

The increased staffing will allow for continued monitoring of the apartments, 24 hours a day and also for residents to be supported within their community where many safeguarding issues arise.

The introduction of 2 team leaders on December 12th and a residential services manager in early 2017 will ensure that there is governance and management 7 days per week ensuring that safeguarding issues are reported correctly and in a timely fashion.

In addition, an independent Psychologist has commenced a formal assessment of capacity with residents who may appear vulnerable to safeguarding issues. The outcome of these assessments will assist staff in providing support to residents who are vulnerable.

Proposed Timescale: 28/02/2017

Theme: Safe Services

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

Allegations of abuse were not reported or responded to in a timely way and in line with the centre's safeguarding vulnerable adults policy.

8. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

The capacity assessment for the resident has begun with the psychologist and will be ongoing for the next few weeks. The assessment of need will also be reviewed in line with the capacity assessment to ensure all the residents' needs are being supported and that any potential abuse situation is identified. A meeting took place with the resident's parents on the 16th December to ensure a holistic package of care is discussed, agreed and implemented by all care givers.

From 29th November, the staffing compliment has increased to 2 staff on duty on each shift, including the sleep over shifts. The new staffing level will now be maintained on a permanent basis, thus reducing the potential safeguarding risks.

The increased staffing will allow for continued monitoring of the apartments, 24 hours each day and also for residents to be supported within their community where many safeguarding issues have been identified.

The introduction of 2 team leaders and a residential services manager will ensure that

there is governance and management 7 days per week ensuring that safeguarding issues are identified and reported correctly and in a timely fashion.

Proposed Timescale: 28/02/2017

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:

The inspector was still not assured residents were receiving adequate supports with regards to their identified nutrition needs.

9. Action Required:

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

Increased staffing has been put in place with immediate effect. Permanent staff posts have been advertised, including the Residential Services Manager and all the posts will be interviewed for by mid-January 2017. The new staffing level will now be maintained on a permanent basis.

The additional staffing is addressing the assessed needs of the individual residents in relation to their nutritional support needs. There is specific home support allocated to each apartment that will encourage and support shopping, cooking and nutritional value. Enabling the residents to become more proficient and independent in this regard.

Proposed Timescale: 31/12/2016

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.

10. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The statement of purpose and function was updated to reflect the management arrangements, including the pending appointment of two team leaders on the 3rd

November 2016. Further updated on December 19th to reflect the appointment of the two team leaders on December 12th.

Following the appointment of the care workers and the Residential Service Manager, the SOPF will be updated again. It will also reflect the level of support the Kilkenny Supported Accommodation has available.

Proposed Timescale: 28/02/2017

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, which sets out a person in charge of a designated centre must be full time.

11. 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:

The full time Residential Services Manager position was advertised on the 8th December 2016 and has a closing date of the 6th January 2017. The interviews for this position will commence on week beginning 16th January 2017.

The criteria for the role of the Residential Service Manager includes experience of working with people with mental health difficulties and complex needs, as essential.

This position will ensure that there is a full time PIC available to the residents and staff.

Proposed Timescale: 28/02/2017

Theme: Leadership, Governance and Management

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

Unannounced visits were not effective in reviewing the safety and quality of the service.

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.

12. 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:

RehabCare has now adopted the process and template example by HIQA for completing internal audits, this will be used for the next audit in this service. This revised process will address the deficits in the process identified above. The next audit is due before April 2017.

2 Team Leaders have now been appointed to the service. These positions will cover a 40 hour week to ensure that there is on site support and governance in the absence of the manager. The 2 team leaders began their contracts on the 12th December 2016. Experience of supporting adults experiencing mental health difficulties was one of the essential criteria.

Proposed Timescale: 31/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels had not been reviewed in line with the assessed needs of the residents.

13. 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:

From 29th November 2016 there are 2 staff on every shift, including the weekends. Currently, 2 staff are on duty from 4pm to 8.30am Monday to Friday, including sleepover from 11pm to 7am.

2 staff are on duty 24 hours a day over weekends, including sleepovers.

On the 12th of December, 2 team leaders were confirmed in post.

5 x 23 hour and 1 x 21.5 hour care worker posts were advertised on 9th December 2016. Closing date for applications is 6th January 2017. Interview will take place on the 11th & 12th of January 2017. Experience of supporting adults experiencing mental health difficulties is one of the desirable criteria.

The Residential Services Manager position was advertised on the 9th December 2016

and the closing date is 6th January 2017.

A funding proposal for the above has been submitted to the HSE and discussions are at an advanced stage.

Proposed Timescale: 28/02/2017