

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Tus Nua
<b>Centre ID:</b>	OSV-0002662
<b>Centre county:</b>	Tipperary
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	RehabCare
<b>Provider Nominee:</b>	Grainne Fogarty
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	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: 09 October 2017 09:30 To: 09 October 2017 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to inspection:

This was an announced inspection to inform a registration decision after an application was received by the Health Information and Quality Authority (HIQA) from Rehab Care (the provider).

The centre was previously inspected in April 2016 where good levels of compliance were found across most outcomes assessed. In that inspection minor issues were identified with Social Care Needs, Risk Management, Safeguarding and Medication Management however, the centre had satisfactorily addressed these issues by the

time of this inspection.

Of the 18 outcomes assessed as part of this inspection 16 were found to be compliant. Workforce and Residents Rights were found to be substantially compliant.

It was observed that residents were very content in their home, feedback from family members was extremely complimentary and staff supported the residents in a warm, professional and caring manner. The quality and safety of care being provided was also appropriately monitored.

How we gathered our evidence:

The inspector met and spoke with three staff members about the service provided to residents and spoke with the Integrated Services Manager. They were found to be knowledgeable of the needs of the residents and their care plans. The person in charge and the team leader were also spoken with at length over the course of this inspection.

The inspector also met with all three of the residents and chatted with some of them for a short period of time. Residents appeared very content in the centre and it was observed that they were comfortable in the presence of staff.

Feedback from family members, via questionnaires, was very positive with comments including 'I have never had to complain about the service' and 'my family member is very happy with his home'. The inspector also met and spoke with one family member on the day of the inspection.

That family member reported very positive feedback on the service commenting that their relative was extremely happy there, the quality and safety of care was excellent and staff were very caring.

A sample of documentation was also viewed such as health and personal plans, safeguarding plans, audits, risk assessments, staff files and staff rosters.

### Description of the Service

The centre was a four bedroom two storey house providing accommodation to three residents. It was found to be exceptionally spacious, bright, clean and homely on the day of the inspection. It was in close proximity to a nearby large town and transport was provided so as residents could access amenities such as shops, hotels, pubs, cafes, health clubs and restaurants if and when required.

The house was very much decorated to take into account the assessed needs of the residents, yet at the same time it was homely, warm and inviting.

### Overall Findings

Of the 18 outcomes assessed 16 were found to be compliant including Healthcare Needs, Social Care Needs, Risk Management and Safeguarding. Two outcomes were

found to be substantially compliant which were Workforce and Residents' Rights.

Overall it was found that the quality of care being provided to the residents was to a high standard and residents appeared very happy and content living in the centre. Family members also spoke very highly of management, staff and of the quality and safety of care provided to the residents.

These were further discussed in the main body of the report and in the action plan at the end.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents were promoted and residents' individual choice was supported and encouraged. However, access to independent advocacy services was not in place at the time of this inspection.

The inspector observed that policies and procedures were in place to promote and ensure residents were consulted with, and participated in decisions about their care and about the organisation of the centre. For example, residents used a range of communication techniques (both pictures and symbols) so as to inform staff of their daily choices, needs and wishes.

While access to advocacy services and information about resident rights formed part of the support services made available to each resident, the systems of advocacy were internal to the service. At the time of this inspection, access to external advocacy had not been provided for. However, it was also observed that family members were strong advocates for their relatives.

A complaints policy was in place in the centre. The complaints procedures were displayed on the notice board and an easy to read version was also available to residents. A dedicated log book for recording compliments and complaints was also available in the centre. The inspector observed there were no recent complaints on file.

The inspector also spoke with one family member about the service being provided. They were exceptionally complimentary about the house, reporting that they felt their

relative received a great service and they had no concerns whatsoever. They also reported that staff were very approachable and went out of their way to support visits home.

The inspector viewed a small sample of residents' personal finances. All residents had a financial passport in place which informed the inspector that where required, staff support in managing their personal finances was provided.

From the sample viewed, it was observed that all monies could be accounted for and there were robust systems in place to ensure the safeguarding of residents finances.

There was a policy on intimate care in the centre. This was to ensure that the privacy and dignity of the residents was upheld at all times. From a small sample of files viewed, intimate care plans were informative of how best to provide intimate care to the residents while supporting their independence and maintaining their privacy, dignity and respect.

**Judgment:**

Substantially Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

There was a policy available in the centre on communicating with residents and overall the inspector found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and preferences.

From a sample of files viewed the inspector observed that personal plans captured individual communication preferences and support requirements for each resident. Residents' used pictures and symbols to communicate and the inspector observed staff using these pictures when communicating with the residents on the day of inspection.

It was also observed that a lot of the documentation kept in the centre was in an easy to read format and where required, some residents had a sensory assessment to support them communicate their needs to staff.

Residents also had ample access to radios, TV's and music centres.

Overall the inspector was satisfied that the systems in place to support the residents' communication requirements were individualised, creative and effective.

It was also observed that staff knew the preferred and individual style of communication for each resident at an intimate level.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that family, personal relationships and links with the community were being actively supported and encouraged.

There were guidelines in place which outlined that visitors were welcome to the centre at any reasonable time and there was also adequate space to receive visitors in private.

From a sample of files viewed, the inspector observed that family members formed an integral part of the individualised planning process with each resident.

Residents and family members were invited to attend (or kept informed of) personal plan meetings and reviews in accordance with the wishes and needs of each resident.

Residents were also supported to keep in regular contact with family members and from a sample of daily logs/files viewed the inspector observed that the staff in the centre supported residents to keep in contact with their family members.

One family member spoken with informed the inspector that they could visit the centre at any time, were always kept informed of their relative's well being and visits home were supported on a very regular basis.

The inspector observed that residents were also supported to use local amenities such as local parks, shops, restaurants and cinema.

**Judgment:**

Compliant



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

**Theme:**  
Effective Services

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

**Findings:**  
There were policies and procedures in place for admitting residents to the centre, including transfers, transitions and discharges.

Residents' admissions were in line with the centre's Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services.

A contract of care document was available which outlined the terms and conditions of services to be provided. From a small sample of files viewed, each resident had a written agreement of the terms of their stay in the centre.

The contracts of care stated the services to be provided and the fees to be incurred by residents for such services. They were also signed by each resident and/or a family representative.

**Judgment:**  
Compliant

**Outcome 05: Social Care Needs**  
*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**  
Effective Services

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

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

**Findings:**

Overall the inspector found that the social care needs of each resident was being supported and facilitated in the centre. Daily activities and social care goals were found to be meaningful and relevant to the assessed needs of the residents.

The inspector found that the care and support provided to the residents was to a good standard and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place.

Plans were informative of each resident's likes, dislikes and interests and provided key information related to the resident to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives.

The plans identified social goals that were relevant and meaningful to each resident and from the sample viewed by the inspector, it was observed that social goals were being identified and a plan of action put in place to support their achievement.

For example, residents were being supported to go on individual holiday breaks, experience best possible health and learn new skills such as baking. One resident had recently celebrated a land mark birthday and the centre organised a party which was attended by family and friends.

Residents also attended day services where they had the option to engage in activities such as exercise programmes, social skills development initiatives, gardening and various social outings.

Staff of the centre also supported residents to frequent local amenities such as pubs, shops, cinema and restaurants.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual, collective and assessed needs in a safe, comfortable and homely way.

The centre comprised of a large detached, four bedroom house in Co. Tipperary and was in close proximity to a large nearby town where residents had access to a range of community based facilities such as shopping centres, shops, restaurants, hotels, cinema and parks.

Accommodation comprised of four single occupancy bedrooms, two of which was en-suite. There were also large well equipped communal bathrooms available to residents..

Separate utility facilities were provided as were two spacious kitchen/dining area, a large tastefully decorated sitting room and a second smaller sitting room upstairs for one resident that liked their own space.

There were also spacious seating areas on both floors for residents to avail of as when they so wished.

The centre was warm, well ventilated, had adequate lighting and found to be clean on the day of the inspection. Bedrooms were personalised to residents' individual taste and there was ample storage space available throughout the centre.

Additional furnishings and decorations were provided for at the request of residents being accommodated. For example, some residents had relaxations chairs in their rooms and their own furniture and pictures.

The house also had well maintained gardens to the back and front with adequate private on street parking space available to the front. Garden furniture was available to residents to use if so desired. One resident had an insulated summer house of which they liked to use from time to time.

The centre was observed to be homely and arranged in a way to suit the assessed needs of the residents.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected and adequate systems were in place for the management of risk in the centre.

It was also observed that the issue with regard to the fire arrangements as found on the last inspection had been addressed.

There was a policy on risk management and positive risk taking which was comprehensive and met the requirements of the Regulations. The centre also had a risk register which was made available to the inspector on the day of inspection.

The inspector was satisfied that where a risk was identified it was appropriately addressed and actions put in place to mitigate it.

For example, some residents may be at risk in the community for a number of reasons. In this instances 2:1 staffing was provided, staff took the house phone with them and social outings were planned carefully in advance.

There was also evidence that the centre responded to and learned from any adverse incident occurring systems were in place to review all incidents and accidents.

The Integrated Services Manager reported that should an adverse incident occur in the centre it would be recorded, reported and discussed at staff meetings so as learning from the incident could be shared among the entire staff team.

The inspector also found that that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers were installed and had been checked by a consultancy company in 2017.

There was also emergency lighting, smoke detectors and fire doors installed

Documentation read by the inspector outlined that staff did daily checks on escape routes and fire alarm panel, emergency lighting and carbon monoxide alarms.

Fire drills were carried out quarterly and all residents had individual personal emergency evacuation plan in place. The last fire drill on 01.07.17 informed that there were no issues in evacuation the centre

It was observed that there was adequate hand sanitizing gels, handwashing facilities and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a sample of files viewed, all staff had the required training in fire safety.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The inspector found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre. A sample of files also informed the inspector that staff had training in the safeguarding of vulnerable adults and the issue found in the last inspection with regard to the recording of a restrictive practice had been addressed.

There was a policy on and procedures in place for, safeguarding residents which staff had training on. Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting procedures.

There was also a policy in place for the provision of personal intimate care and each resident had a personal intimate care plan on file. Personal intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

There was a policy in place for the provision of positive behavioural support and where required residents had a behavioural support plan in place which was regularly reviewed by a behavioural specialist. Residents also had access to a psychiatrist as and when required.

Of the staff spoken with by the inspector, they were able to verbalise their knowledge of residents' positive behavioural support plans. Staff knew how to support the residents in line with policy and their positive behavioural support plans.

There were also guidelines in place on the use of restrictive procedures and it was observed that some restrictions were in place. However, it was also observed that they were the least restrictive possible and were kept under review.

p.r.n. medicines were in use however, it was observed that they were only used only as

a last resort and there were strict protocols in place for their administration. p.r.n. medicine was also reviewed by the residents GP and psychiatrist.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

There were guidelines in place regarding to notifiable incidents occurring in the centre and the inspector found that arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The person in charge and the team leader demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and when required.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that arrangements were in place to ensure that the welfare and development needs of each resident was promoted and residents were provided with social inclusion activities and skills training experiences that were meaningful and based

on their interests and assessed needs.

The inspector observed that residents were supported and facilitated to attend day activation services where a range of meaningful activities and community outings were offered to residents on a daily basis. For example residents could avail of exercise programmes, social skills development initiatives, gardening and various social outings.

Residents also had the option to engage in activities In the centre itself. From a small sample of files viewed, staff were supporting the residents to develop a number of skills such as cooking skills and independent living skills and supporting regular outings in the community.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were arrangements in place to ensure that residents' health care needs were supported and regularly reviewed with appropriate input from multidisciplinary professionals as and when required.

From a small sample of files viewed, the inspector observed that residents had access to a GP as and when required, and a range of other allied health care professionals.

For example, appointments with dentists, speech and language therapists, occupational therapists and chiropodists were arranged and facilitated as and when required.

The designated centre also supported residents to experience best possible mental health and where required, residents had access to and support from a psychiatrist and a behaviour support specialist. Hospital appointments were also supported and provided for residents

Some residents also enjoyed complimentary therapies and it was observed that these were provided for as well.

Of the staff spoken with they were able to demonstrate their knowledge of the residents healthcare plans

The inspector observed that residents were supported to eat healthily and make healthy choices with regard to meals. It was also observed that physical exercise was supported and encouraged as part of a balanced lifestyle.

The inspector also found that adequate arrangements were in place to meet the residents' nutritional needs. Weights were also recorded and monitored on a regular basis.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that the medicines management policies were satisfactory and that practices described by the staff on duty were suitable and safe. The issue regarding p.r.n. medicines found in the previous inspection had also been addressed.

The centre had a medicines management policy in place with the overall aim being to provide standardised and practical procedures for the management of medication based on best practice and 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).

A locked medicine press was in place in the staff room and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards.

There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre. Medicines were ordered on a monthly basis to ensure there was adequate supply of the prescribed medicines available in the centre.

There was a system in place to record any medication errors. The inspector observed that if an error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure.

It was observed that if non nursing personnel were to administer medication, they were



suitably trained in the safe administration of medication. However, one staff member had yet to complete the final stages of the safe administration of medication course. This was further discussed under Outcome 17: Workforce.

All as required (p.r.n.) medicines had strict protocols in place for their use. From speaking with staff members the inspector was assured that they were very familiar with and could vocalise these protocols for the use and administration of p.r.n. medicines.

While some p.r.n. medicines were administered to a resident over the month of September, they were kept under review by the residents psychiatrist.

**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 inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that was being provided in the centre and the person in charge informed the inspector that it would be kept under regular review.

The statement of purpose was also available to residents in a format that was accessible to them.

**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:**

Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

The centre was being managed by a suitably qualified, skilled and experienced person in charge who was being supported in her role by an experienced and qualified person participating in management (House Team Leader). Both were qualified professionals with significant experience of working in and managing services for people with disabilities.

From speaking with the person in charge and the team leader it was evident that they had an in-depth knowledge of the individual needs and supports of the resident who lived in the centre.

They demonstrated throughout the inspection process that they were also aware of their statutory obligations and responsibilities with regard to the role of person in charge and person participating in management of the centre and to their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector also found that appropriate management systems were in place for the absence of the person in charge. A qualified person participating in management supported the person in charge and there was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

The person in charge and house team leader was also supported in their roles by the Regional Operational Officer (who was the Provider Nominee) and the Integrated Services Manager.

The inspector spoke for some time with the Integrated Services Manager and found that she too was aware of her remit to the Regulations and provided regular on-going support to the centre.

There were systems in place for the monitoring and auditing of the quality and safety of care provided to the residents. There was also an annual review completed for the centre. The inspector observed that actions were arising from these audits were being

systematically implemented.

For example, recent audits identified that some parts of residents care plans required review and updating. This had been addressed by the time of this inspection. It was also observed that the Residents Guide required review. Again this had been actioned and addressed by the time of this inspection.

Overall the inspector was satisfied that there were systems in place to monitor the quality and safety of care being provided to the residents.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge and Integrated Services Manager was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

It was also observed that suitable arrangements were in place for the management of the centre in her absence.

There was a full time qualified team leader working in the centre, who was an experienced health care professional and knew the needs of each resident living in the centre intimately.

There was also on call system in place 24/7 for staff to avail of if and when required.

**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 observed that there were adequate and sufficient resources available to meet the residents' assessed needs in the centre.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs and social care needs.

Residents were also supported to attend day activation centres and to visit family members.

The inspector also observed that there were required adaptations had been made in the centre. For example, in some quiet large communal areas (hallways) soft furnishings had been positioned which the residents loved to avail of on and off throughout the day.

The centre also had the use of a vehicle for social outings. The vehicle was insured appropriately and had an up to date NCT certificate.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents however, some gaps were identified in staff training.

There was a team that consisted of a person in charge, a team leader and a team of care workers in the centre.

The inspector spoke with three care staff and found they had an intimate knowledge of the residents needs and all spoke very positively about the residents they supported. Of a sample of files viewed, some care staff also held relevant third level qualifications.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspector observed that residents received assistance in a dignified, timely and respectful manner. From observing staff in action it was evident that they were competent to deliver the care and supports needs required by the residents. Feedback from one family member spoken with was exceptionally positive about the service provided and all staff working in the centre.

The person in charge met with the team leader on a regular basis in order to support her in her role. In turn, the team leader provided supervision and support to the care staff.

A sample of supervision notes were viewed by the inspector. It was found that the supervision process was adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

From viewing a sample of staff files the inspector observed that one staff were required to complete their training in the safe administration of medication and another required their manual handling to be updated.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that systems were in place to maintain complete and accurate records in the centre.

A residents guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The inspector found that records that related to residents and staff, were comprehensive and maintained and stored securely in the centre.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A directory of residents was available which also met the requirements of the regulations.

**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:***

Raymond Lynch  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by RehabCare
<b>Centre ID:</b>	OSV-0002662
<b>Date of Inspection:</b>	09 October 2017
<b>Date of response:</b>	24 October 2017

### 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:**

While internal systems of advocacy were in place, at the time of this inspection there was no access to external sources of advocacy.

**1. Action Required:**

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

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

to advocacy services and information about his or her rights.

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

Information on advocacy services available will be displayed in the service, this information will be made available to the service users through social stories.

Information on advocacy services available will be circulated to the service user's families.

Advocacy services available to service users will be discussed with staff at team meeting on the 1-11-2017.

Independent advocate for the area will be invited to attend a team meeting.

**Proposed Timescale:** 01/11/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Systems to ensure all staff had the required training required review. Some staff required refresher training in manual handling and one had not completed their training in the safe administration of medication.

**2. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Second practical medication assessment scheduled for one staff on the 18-10-2017.

Manual Handling refresher scheduled for two staff on the 20-10-2017.

Staff training requirements will be reviewed in conjunction with the training department and training plan for 2018 will be developed by 6-11-2017.

**Proposed Timescale:** 06/11/2017



