

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sligo Semi Independent Accommodation
Centre ID:	OSV-0004442
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Michael O'Connor
Lead inspector:	Catherine Glynn
Support inspector(s):	Michelle McDonnell
Type of inspection	Announced
Number of residents on the date of inspection:	7
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:
26 October 2016 11:30	26 October 2016 20:00
27 October 2016 09:30	27 October 2016 15:30

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

The purpose of this inspection was to inform a registration decision and monitor compliance with the Health Act 2007 (Care And Support Of Residents in Designated Centres For Persons (Children And Adults) With Disabilities Regulations 2013) hereafter called the regulations. This was the third inspection of this designated centre.

How we gathered our evidence

The inspectors met with all seven residents and spent time individually with some

residents and were invited to engage in a refreshment during this interaction. The inspectors met with five staff, inclusive of the person in charge and two team leaders who were both listed as persons participating in management in the designated centre at the time of inspection. Questionnaires were submitted to the inspectors, which were completed by residents and family. The inspectors were asked to speak with two family members via the telephone at agreed times. On review of the questionnaires, residents and family reported satisfaction with the service received, spoke of positive experiences and support received during the time of their stay in the centre.

The inspectors observed practice and reviewed documentation such as personal care plans, healthcare plans, medical information, accident and incident records, meeting minutes, policies, procedures, risk assessments and staff files. The inspectors found that interaction between residents and staff was warm and respectful in manner.

Description of service

The centre comprised of a semi-detached and a detached house, which were located in close proximity of each other and on the outskirts of Sligo town. One house is owned by Rehabcare's housing association and the other is privately rented. The designated centre catered for seven residents. Staffing was provided for six days a week in the mornings and for a period of time in the evenings. The centre was located near another centre which was staffed full time. This offered the residents support or assistance if required.

One house had four residents and the other house facilitated three residents. The inspectors observed that the houses were decorated to reflect the seasonal occasion at the time of inspection. The residents spoke about events planned at this time and engaging with their neighbours and local community in social events. Transport was provided to the designated centre by the organisation. In addition residents had access to public transport such as buses or trains.

Overall Judgment of findings

Overall the inspectors found there was a good level of compliance in the designated centre with positive outcomes observed for residents and evidence of good service provision in accordance with the regulations. Residents were found to be well cared for and provided with an appropriate standard of care in the centre. However, improvement was required with regard to gaps in practice such as health and safety, premises, safeguarding and policies. The non-compliance will be discussed in detail in the main body of the report under the relevant outcome.

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:

The inspectors found arrangements in place to promote the rights, privacy and dignity of residents, and for residents to participate in decisions about their care and the organisation of the centre.

Arrangements were in place to ensure residents were consulted with, and participated in, decisions about their care and about the day-to-day running of the centre. Residents described how they were involved with weekly meetings to plan shopping and cooking. They also explained how these meetings allowed them to discuss issues and there was an issues board in each house which allowed residents to put items on the agenda. Notes of meetings and discussions with residents showed that these allowed residents to resolve issues that occurred between them in a suitable manner

Rotas showed that residents were involved in cleaning of the house and meeting notes showed residents involved in buying cleaning supplies. Some of the residents told of how they were involved in looking after the dog and buying Halloween decorations.

All of the residents were supported to control their own finances and budget their money. Charges incurred by residents were clearly outlined, in particular contributions to house purchases. Residents described activities and purchases they had made and some discussed how they were managing a wage from employment. Residents' bedrooms were individually decorated and in the new house residents had come to a consensus themselves about who should have which room.

There was a complaints procedure and policy in place and this was displayed in the

centre; however the current Person in Charge (PIC) details were required on the easy read guide. The complaints log showed that complaints had been managed in line with centre policy and residents were happy with the outcome of their complaints. In reviewing the complaints log, it was evident that complaints had been used to support residents with work on their social skills. Residents were aware of the advocacy service and how to get this as a support. Advocacy had been sourced for residents to support them in issues outside of the centre.

The centre also had a Closed Circuit Television (CCTV) policy and residents were aware of what the CCTV covered and could view the CCTV footage. The CCTV covered the front area of the house only.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The centre had a communication policy and the communication needs of the residents were observed as being met on the day of inspection.

The inspectors observed staff interacting with residents in a respectful manner that supported their individual communication needs. There were verbal and visual prompts available for some residents and the need for these were documented in their personal plans.

Residents described activities and events that they used in the local community and residents were able to call taxis if required.

During the inspection residents were watching the television together and chatting with staff whilst preparing dinner. Whilst there was no internet in the new house, it was being sourced and residents told of how they had access to their own mobile phones.

Judgment:

Non Compliant - Moderate

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 inspectors found that residents were supported to develop and maintain personal relationships and links with the wider community in accordance with their needs, wishes, preferences and abilities.

On the day of inspection inspectors were able to speak with some family members. They stated they felt involved with the life of their family member and were encouraged and welcomed to visit.

Residents and their families were involved in personal planning meetings. Residents also described the contact they preferred with their own family and this was respected within the centre. Some residents described using local transport to visit family regularly and others spoke of taking part in community activities such as kickboxing and the Order of Malta.

There was a visitors' policy in place and there was space for residents to meet in private, there was a separate living room and kitchen diner, in both properties.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There was a policy in place for the admission of residents to the centre.

The inspectors found that admissions were in line with the procedure. For example, a

resident admitted to the centre in the previous year had received a full transition and consultation as part of the preparation process. A written agreement was in place between all residents and the provider. The inspectors found that the contracts in place outlined all the costs incurred by the residents and also outlined the costs that were not covered by the provider. All contracts of services provided, were signed by the residents and where required their next of kin at the time of inspection.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

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

Findings:

The inspectors found that the residents had comprehensive individualised assessments in place at the time of inspection. Actions required from the last inspection were found to be completed with regard to personal plans and transitional plans for residents.

Personal plans were reviewed annually or more frequently where required. Residents, residents' family and support workers were supported and invited to attend. The inspectors found that goals were clearly outlined with review dates and progress notes regarding achieving actions. The inspectors found that completion dates of goals were identified for all residents. Residents' participation in planning their goals was recorded within their personal plans. Some residents discussed their goal achievements with the inspectors and showed their personal plans.

All the personal plans indicated that residents were engaged in education and activities that were meaningful and appropriate to their interests and preferences. These included day services, active employment, use of public transport, attendance at social events, building of life skills, educational courses, participation in sporting activities. Staff and residents also outlined the arrangements for activities and relaxation within the house such as, watching television, art work, listening to music. All residents spoken with during the course of the inspection expressed satisfaction with the service they were receiving and the support that was available when requested.

<p>Judgment: Compliant</p>

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 centre comprised two, two storey houses in close proximity to each other. The design and layout of the centre was suitable for the residents living there.

There were adequate private rooms, communal space, bathrooms and outdoor space for the residents living in the centre. Residents had access to the laundry facilities and participated in doing their own laundry. Each room was individually decorated and had suitable storage. There were separate shower and toilet facilities for residents. Each house had a fully equipped kitchen and safe and suitable practices, such as clearly labelled chopping boards, were available for use by the residents.

The garden access in the new house required review as there was a risk of falls with a large step on the side entrance, which was not clearly labelled, and difficulties with the patio access. There was also an uneven grate in the back garden. The person in charge acknowledged this required review and stated that maintenance was scheduled to undertake the necessary work to ensure accessibility to all areas of the residence.

Judgment:
Substantially 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 found that while there were systems in place to ensure the safety and welfare of residents, some improvements were required as gaps in practice were observed at the time of inspection.

The inspectors found that there were policies and procedures in place relating to health and safety, however the inspectors observed gaps in practice during the course of the inspection. For example, on the day of inspection, the inspectors observed that adequate care was not taken with the tumble dryers in both houses as there was a build up of lint which can pose a fire hazard when not removed. The inspectors also observed that cleaning mops and containers were not stored appropriately at the time of inspection.

Fire safety policies and procedures were in place at the centre. There was up-to-date servicing of emergency lighting, fire extinguishers, fire alarms and fire panel as seen in records maintained in the centre. Fire procedures were on display in prominent areas in the centre. Fire drills had been completed in the centre which all residents had participated in. Learning from fire drills was evident from the records kept. All residents had evacuation plans completed, which outlined their required support and their understanding of the fire procedures. All staff had completed fire safety training at the time of inspection.

The inspectors found that transport was available to the designated centre, however this was a shared resource with the day service. On review of the health and safety folder, records of servicing had been kept until 2015, however no recent records was available at the time of inspection. Staff had identified as this as a need and were actively requesting documentation regarding maintenance and servicing of vehicles used in the centre.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure residents were protected from harm or abuse, however there was improvement required as training was outstanding with regard to safeguarding and behaviours that challenge.

There was a policy on the safeguarding of adults with a disability from abuse in place for the centre. Staff spoken with were confident in their knowledge regarding symptoms or identifying types of abuse. They were also aware of the designated person and the reporting system in place for the centre. Residents were also aware of the identified designated officer and also stated they would talk with staff on duty if they had any concerns.

All residents reported to inspectors that they felt safe and supported in the designated centre. All staff in the centre had completed training in safeguarding and records of completion was reviewed by the inspector on the day of inspection, however the person in charge had not completed training as scheduled at the time of inspection in safeguarding.

The inspector found that residents' finances were managed in a clear and transparent manner where required. All money was securely stored and was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident, all transactions were clearly recorded and signed and receipts were maintained for all purchases. The inspectors found that the majority of residents were supported to maintain independence regarding financial management at the time of inspection.

Staff were trained in the management of behaviours that challenge, however the inspector was informed that there was no challenging behaviours in the centre at the time of inspection. Residents had support plans in place regarding mental health issues. On review of the personal plans, guidelines were in place to support residents and guide staff in their practice. There was evidence of on-going reviews and changes were made to the plans when required. There were no restrictive practices occurring being used at the time of inspection. The inspectors found on review of training records, the person in charge had not completed training in the management of behaviours that challenge as required by the organisation.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the requirement to notify HIQA regarding incidents and accidents. All incidents had been notified to HIQA.

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:

On the day of inspection, the inspectors found that residents had opportunities to participate in education, training and employment.

The inspectors spoke at length with all residents. Each resident indicated that they took part in training and development through their respective day service. Residents were supported to attend employment in the local town and to attend the local institute of technology. One resident was currently learning the rules of the road and hoped to take the driver theory test in the near future. Other residents were learning animal grooming, cookery skills, art classes and drama workshops in the local community.

At the time of inspection, the inspectors found that six residents were actively employed in the local community. Residents were supported with regard to their roles, rights and entitlements with regard to employment status on review of personal plans.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: On the day of inspection, the inspectors found that the health care needs of residents were supported by the designated centre.</p> <p>All residents were supported to achieve and enjoy the best possible health. Comprehensive assessment of healthcare needs were completed for all residents in their personal plans. All residents had access to a general practitioner (GP) of their choice and were supported to attend. Annual health checks were completed for all residents. Referrals to allied health professionals were facilitated through the GP, such as chiropody, psychology and psychiatry. No residents required dietetic services at this time but were actively engaging in health eating plans with support from staff and guidance from GP where required. The inspectors found that monitoring of weight was actively maintained in the personal plans with actions outlined if required regarding weight management.</p> <p>Individualised support plans were in place for all residents' assessed health care needs. These plans were clear and provided detailed guidance to direct staff. Access to allied health care services was evident for residents and such services had been provided in a timely manner.</p> <p>Residents were able to access snacks and drinks of their choice at any time in the centre. Inspectors were informed by residents that they chose their meals at weekly meetings and were involved in the preparation and cooking of meals.</p>
<p>Judgment: Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The centre had a policy and procedure in place for safe medication management and</p>

inspectors found that improvement was required with regard to medication risk management in personal plans.

The inspectors found that there were policies and procedures in place to guide staff to support residents' with medication management. At the time of inspection, the inspectors found that all residents were self medicating and individual assessments for self administration had been completed. However, the inspectors found that on review of daily notes, an incident had occurred where a resident had not self-administered medication. The inspectors found that no incident had been completed for the event at the time of inspection. In addition, the inspectors found that the resident had informed staff of the omission due to being out of stock of medication. The inspectors found that the risk management controls that were outlined in the personal plan had not been adhered to. Furthermore learning from the event was not clearly documented in the medication care plan, yet staff were able to verbally advise inspectors of improvements that were made as a result of the incident. The improvements that had occurred as a result of the incident were not reflected in the medication care plan, that had been updated post the incident and prior to inspection. The inspectors found that there were gaps in practice and further improvements were required with regard to risk management in medication management.

The inspectors also found that the as required medication (p.r.n.) was not signed by a GP as required by the organisational policy and procedure in place for one resident in the designated centre. All other files reviewed were completed as required.

The inspectors found that all residents were provided with facilities for the safe storage of medication in their centre. Residents were independent with accessing, ordering, collecting and storing their medication at the time of inspection.

Judgment:

Non Compliant - Moderate

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 inspectors found that the statement of purpose and been updated since the previous inspection and met the requirements of Schedule 1 of the regulations.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The registered provider had ensured that effective systems were in place for the governance and management of the designated centre.

This included adequate resources to ensure effective delivery of care and supports as identified in the statement of purpose.

The person in charge was found to be full time and suitably qualified for the role. She had extensive experience in the area in intellectual disabilities care services. It was clear that the person in charge had a thorough knowledge of the legal requirements of her role.

Management systems were in place that provided care and support to the residents through effective on call arrangements and a clearly defined management structure. There were two team leaders working in the centre who had the responsibility of the day to day management of the centre. The designated centre had identified accountability and responsibilities in all areas of service provision in the service provided. For example, the team leaders in the centre had responsibilities for health and safety, record keeping, residents personal plans and goal setting and reviews. The person in charge also monitored this quality system as part of staff meetings and attending the centre.

The person in charge received supervision from her line manager and also stated that he was contactable at other times.

The inspectors reviewed the six monthly unannounced audits were completed and available in the centre at the time of inspection. There was also an annual quality and safety report completed as required by the regulations, by the provider.

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 registered provider had made suitable arrangements to provide cover in the absence of the person in charge.

Staff were informed and aware of this arrangement. The provider and person in charge were aware of their legal requirements to inform HIQA of any changes or to give notice of any absence of the person in charge within the specified timeframes.

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 inspectors found that there was transparency in relation to deployment of resources which assisted the residents to achieve their personal goals or activities of their choice.

The person in charge had implemented arrangements which enabled residents to facilitate an individualised day programme service. Residents were supported to maintain independence in their activities of daily living. During the course of the inspection, the inspectors observed residents accessing the centre independently and at

times of their choice during the day.

All staffing hours were reflected in the weekly roster and identified the person in charge as well as any additional support hours provided, for example when residents required additional supports due to illness.

Residents continued to access the community independently or with support if requested which enabled them to maintain links with local community and services. Residents had timely access to transport or the use of public services when required, such as bus, train and taxis.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The staffing levels and skill mix of staff was sufficient to meet the needs of the residents in the centre and was reflective of the statement of purpose.

Since the last inspection the person in charge had completed a programme of supervision for all staff. This included job performance and service user engagement. The person in charge was also sourcing training for team leaders on supervision and interviewing.

Staff had completed the providers' mandatory training which included manual handling, safeguarding of vulnerable adults, health and safety training and safe administration of medication. On the day of inspection the person in charge had not completed all the provider's mandatory training. However, post inspection the inspector was informed the person in charge subsequently completed this training.

The inspector reviewed a selection of staff files and found that the majority of information required in Schedule 2 of the regulations was available. However, although files were being transferred to a new system, there was no record on one staff members qualifications and the person in charge did not have systems in place for when a staff

members personal information, such as their address, updated or changed. There was also no system in place, at the time of inspection, for the person in charge to view the Schedule 2 requirements of any agency staff employed in the centre.

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):

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

Findings:

The inspectors found that the centre had provided policies and procedures to guide staff, however a number of policies required review as they had exceeded the three year time frame. The person in charge identified that the provider was aware of the need to update policies and a schedule was set with regard to review of current policies in place. The inspectors did find that amendments had been made to some policies as required from the previous inspection with regard to management of aggression and violence and behaviours that challenge.

Records were kept and maintained in a safe and secure manner in the centre. Written operational policies were in place to inform practice and provide guidance to staff in the designated centre.

A directory of residents was available in the centre which outlined all residents residing in the centre, any discharges, transfers or occasion when residents were away from the centre as required by the regulations.

Information was available to residents such as residents' guide, statement of purpose and recent audit reports. Where required these were also in a format suitable for residents' communication needs as identified in personal plans. Residents' files were found to be complete and were kept up-to-date.

The person in charge provided evidence of the insurance certificate and contract for the centre which protected residents, staff and visitors attending the centre.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Catherine Glynn
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-0004442
Date of Inspection:	26 and 27 October 2016
Date of response:	01 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 02: Communication

Theme: Individualised Supports and Care

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

The provider had not ensured internet services was available in both houses at the time of inspection.

1. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access

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

to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

Internet access to be secured in new property.

Proposed Timescale: 31/12/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Accessibility in all areas externally in the new house required review to ensure safety for residents.

2. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Maintenance personnel assessed the new property within a week of move in date. Options to improve accessibility ,safety and secure loose grate to be agreed and actioned.

Proposed Timescale: 16/12/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Records of car servicing and maintenance was not available in the centre at the time of inspection.

3. Action Required:

Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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

Service records have been secured and forwarded to Inspectors.

Proposed Timescale: November 3rd 2016-Complete

Proposed Timescale: 03/11/2016

Theme: Effective Services

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

Mops and mop buckets were not stored in a manner that ensured there was no cross contamination or risk of exposure to infection.

4. Action Required:

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

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

Facility for hanging mops in new property now available. Buckets stored in shed.

Proposed Timescale: November 3rd 2016-Complete

Proposed Timescale: 03/11/2016

Theme: Effective Services

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

Laundry equipment was not maintained in a manner to mitigate the risk of fire.

5. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Removal of lint added to weekly cleaning schedules and implemented.

Proposed Timescale: 30/11/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Not all staff were trained in the management and de-escalation of behaviours that challenge at the time of inspection.

6. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

PIC to attend training in early 2017

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:

Not all staff were trained with regard to the safeguarding and protection of all residents at the time of inspection.

7. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

PIC attended training on November 2nd. One other staff member to attend training January 2017.

Proposed Timescale: 18/01/2017

Outcome 12. Medication Management

Theme: Health and Development

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

As required medication was signed by a prescribing clinician as required.

8. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

GP signature on PRN medication to be secured.

Proposed Timescale: 02/12/2016

Theme: Health and Development

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

Risk assessment completed did not reflect recent incident and learning that occurred as a result of omission.

9. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

Risk Assessment to be updated with appropriate control measures to reflect incident and learning from same. Staff to be informed of updated risk assessment and sign off on risk assessment to indicate they have read and understood it.

Proposed Timescale: 25th November 2016-Complete

Proposed Timescale: 25/11/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider had failed to ensure they had access to all the Schedule 2 documentation in relation to all staff employed in the centre, which includes agency staff.

10. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

- PIC to secure record of qualifications for all staff.
- PIC to ensure record of qualifications and training are secured for agency staff before they commence employment

Proposed Timescale: 01/12/2016

Theme: Responsive Workforce

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

The person in charge had failed to complete mandatory training at the time of inspection.

11. 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:

- PIC has completed Safeguarding Training.
- PIC to complete MAPA Training by 28/02/2017

Proposed Timescale: 28/02/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies in place had exceeded the three year time frame for review.

12. Action Required:

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

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

Schedule 5 Policies are currently under review and will be completed by December 31st. They will be reviewed every three years or more frequently if required thereafter.

Proposed Timescale: 31/12/2016

