

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tralee Accommodation Service
Centre ID:	OSV-0002647
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 January 2018 09:15 To: 30 January 2018 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection was the second inspection of this centre by the Health Information and Quality Authority (HIQA). The inspection was carried out to monitor on-going compliance with regulatory requirements.

How we gathered our evidence:

Prior to the inspection the inspector reviewed the previous inspection findings and the provider's response to the action plan. The inspector also reviewed any information received by HIQA from the provider since the last inspection such as any notice received of incidents, accidents or adverse events that had occurred in the designated centre.

The inspection was facilitated by the person in charge and the team leader. The inspector also met with the frontline staff on duty. The inspector reviewed and discussed with staff records such as complaints received, risk assessments, support plans for residents and staff training records.

Three residents live in this designated centre on a full-time basis and the inspector

met two of these residents in the evening when they returned to the house. Residents chatted about their plans and hopes for the future such as completing educational studies and seeking employment. Residents were informed as to their own health and well-being and the support that they required. There was an awareness of the role and work of HIQA and when the inspector advised that the inspection findings were positive a resident concurred with this conclusion. Residents said that they felt safe in the house, had choice and control, and were shown respect and kindness by staff.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The overall objective of the service was to provide support and services to residents on a full-time basis while supporting the development of skills and independence so as to facilitate transition to more independent models of support when this was in line with a resident's wishes and needs.

Overall judgment of our findings:

The inspection findings were positive. The inspector found that the centre was effectively governed and operated within regulatory requirements. The provider had appointed suitable persons to manage the centre and had taken action to address failings that had emanated from the last inspection, for example in relation to staffing and the management of medicines.

There were effective systems for monitoring on a consistent basis the appropriateness, quality and safety of the care, support and services provided to residents. These included the day to day systems implemented by the person in charge and the team leader; for example risk assessments and residents support plans were seen to be under review at the time of this inspection. The provider also arranged to have the reviews required by the regulations completed at the prescribed intervals.

The overarching finding was that the provider sought to promote resident independence, autonomy and quality of life while also exercising its duty of care and its legal responsibilities to protect residents from harm. This was achieved by consultation, negotiation and a culture of positive risk enablement.

Some areas were identified for improvement so as to consolidate the good practice evidenced. The improvements required included; the recording of complaints, the scheduling of simulated fire drills, the review of some risk assessment scorings and a review of the statement of purpose. The inspector reviewed ten Outcomes and found the provider to be compliant with eight and in substantial compliance with two.

The evidence to support these judgements can be found in the body of the report; the actions required are detailed in the action plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Based on these inspection findings the inspector concluded that residents were consulted with and participated in decisions about their care and about the organisation of the centre. Improvement was required in the records created of complaints and their management.

The inspector saw that residents had independence and control over their home and that their individuality and privacy was respected by staff. For example the inspection was unannounced and staff advised that they would need to seek resident permission if access was required to residents' bedrooms. Each resident locked their own room; staff had a master key to gain access in defined circumstances as outlined in records seen, for example evacuation plans.

Residents were observed to be comfortable with staff and staff spoken with spoke respectfully of residents; records created by staff were person-centred in tone and detail.

Where there were identified barriers to effective communication between staff and residents measures were implemented to support communication and the exchange of relevant information and included picture stories, visual prompts, a whiteboard and writing materials and access as required to an interpreter. Staff had also completed training in Irish Sign Language and were observed to implement it in practice.

Residents were facilitated to have private contact with family, friends and social groups

and to engage in their own specific interests outside of the designated centre. This was discussed and agreed with each resident and supported as necessary by risk assessment and controls such as the required contact with staff, for example to confirm the residents safe arrival at a particular destination.

The complaints procedure was prominently displayed as were the contact details for the complaints officer. It was evident that residents did complain or complaints were made on their behalf. Complaints were listened to and acted on and staff spoken with had a good understanding of the matters that had led to a complaint being made and actions taken in response to resolve the matter and prevent a reoccurrence. However, what was not evident from the records maintained was whether the complainant was satisfied or not with the actions taken on foot of their complaint.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The needs of each resident had been assessed; plans of support were in place outlining the measures required to meet any identified needs. The provider took action to ensure that arrangements were in place so that the needs of each resident could be met in the designated centre.

The inspector saw documentary evidence that residents needs had been assessed prior to admission and subsequently thereafter most recently in 2017. The assessment informed the development of the support plan and the plan was reviewed and updated regularly and as required. The support plan presented a clear picture of each resident, their strengths, needs, choices and required supports. Staff spoken with had sound knowledge of each resident and their plans of support.

There was evidence that residents were consulted with and participated in the development and review of their plan and that the provider had arrangements in place

to facilitate and promote this. For example one resident with sensory needs had with their consent access to an interpreter as required to ensure effective communication with staff as to their needs, choices, existing and planned supports. Another resident had completed an evaluation of how they had benefitted from their plan of support.

Each support plan incorporated the plan for the resident's personal goals and objectives. The review of the plan was multi-disciplinary and incorporated the resident's circle of support. There was an action plan for each agreed goal. There was a theme of ongoing development and social inclusion in the identified goals which were achieved either with support from staff or the residents own circle of support.

Residents had access to meaningful engagement and community access on a daily basis. This was confirmed from records seen and residents spoken with. Residents attended the providers local resource centre and other resources provided locally by organisations providing supports for specific needs. Residents had returned to formal education and spoke of their hopes for gaining employment. Residents had regular opportunity for social engagement of their choosing with their peers in the community.

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:

There were measures in place to promote the safety of residents, staff and others; however, some review was required of the residual risk rating attributed to some risks.

The inspector saw that the premises was fitted with fire safety measures including emergency lighting, an automated fire detection system, fire fighting equipment and fire resistant doors fitted with self-closing devices. There were arrangements in place for the inspection of these at the prescribed intervals and most recently in January 2018; staff also completed and maintained records of in-house inspections. Enhanced systems for giving warning of fires were in place in response to resident's sensory needs.

Fire escape routes were indicated and final fastenings were seen to be easily released thumb-turn devices. Fire action and evacuation notices were prominently displayed. Each resident had a personal emergency evacuation plan (PEEP) that was specific to their requirements. Staff had completed fire safety training in 2017 and regular simulated fire drills were completed with residents. The report of these drills indicated

that residents understood and co-operated with the drill and good evacuation times were achieved. However, a drill that simulated the night-time scenario was required.

A risk register was maintained of a comprehensive range of centre-specific, work-related and resident specific risks, their assessment, and the controls that were in place to control the risks identified. There was documentary evidence that the identification, assessment and review of risk were dynamic and evolved in line with residents changing needs or choices. At times dependent on the level of risk identified input was sought from the integrated services manager and clinical risk personnel. There was evidence that the rationale for controls was discussed and agreed with residents. Overall, the inspector found that the provider through the process of risk management sought to promote resident independence and quality of life but also to keep them safe from harm through proportionate control measures that did not impact adversely on residents.

However, the inspector noted that the residual risk rating for some generic risks was high even though detailed and relevant control measures were in place. The controls did not at times reduce the level of assessed risk; this indicated that somehow the controls were not sufficient to control the risk.

Arrangements were in place for the recording and reporting of accidents and incidents. The records seen were detailed and included the actions taken by staff. The sample of records seen had been reviewed by the person in charge in a timely manner.

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 measures in place to protect residents from harm and abuse; these included organisational and national policies and procedures, a designated person, risk assessments and staff training.

Training records indicated that all staff had attended safeguarding training in 2017. Staff

spoken with had good knowledge of what good practice was, what constituted abuse and their personal responsibility to protect residents from harm and abuse. Residents themselves were supported to develop their personal skills for self-care and protection. Residents were supported to complete programmes on staying safe and also had access to the local community Garda Síochána who called to the house. There was documentary evidence that residents did report any concerns or worries that they had to staff; their concerns were listened to and acted on in consultation with the resident.

There was a strong safeguarding theme in risk assessments seen particularly those that pertained to community access. Throughout this inspection residents were seen to make regular contact by phone with the centre to advise staff as to their movements and plans.

Residents did at times experience behaviours of concern and risk. Staff had completed required and relevant training including de-escalation and intervention techniques, positive behavioural support and understanding and supporting residents experiencing mental ill-health. Residents had access to their required supports including mental health professionals and support services, specific behaviour support services and cognitive behavioural therapy.

There were no reported and no evidence of restrictive practice in use in the designated centre.

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):

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

Findings:

A system was in place for the recording of any adverse incident within the designated centre while adequate arrangements were in place for the required notifications to be submitted to HIQA.

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):

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

Findings:

The inspector found that arrangements were in place for supporting residents to maintain their health.

The assessment of residents needs included the assessment of their health and physical needs. Where a need was identified there was a corresponding plan of support.

Residents had timely access to their GP (General Practitioner) and a resident spoken with confirmed that they were very happy to attend the GP. At times residents accessed the GP independently and at other times requested staff support; records of GP and other healthcare reviews were maintained. There were measures for ensuring that residents received the required intervention when out and about in the community such as medical alert information and emergency contact items.

As appropriate to their needs residents were referred to and had access to other healthcare services including psychiatry, community nursing, counselling, dietetics, audiology, neurology, ophthalmology and chiropody.

There was documentary evidence that residents were consulted with and actively participated in decisions about their care; a resident spoken with confirmed this.

The inspector saw that staff supported residents to think about and plan for increasing health needs that would impact on their independence and quality of life. Referral and access to support and advisory services was facilitated to inform these plans.

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:

There were policies, procedures and practice that supported the safe management of medicines.

The provider had in 2017 implemented revised overarching policy and procedures for medicines management; this policy required each centre to have its own local medicines management policy; this policy was also in place.

Residents were supported to manage their own medicines. The inspector saw that this practice was supported by policy, individualised assessment, risk assessment and monitoring procedures by staff to ensure ongoing resident compliance and capacity.

Medicines were supplied to residents by a community based pharmacist. The provider supported the pharmacist to meet their obligations to the residents under their relevant legislation and guidance, this included visits by the pharmacist to the centre; residents also went to the pharmacy to collect their medicines.

Training records indicated that staff had completed recent training in the safe administration of medicines including any prescribed emergency medicines. Each resident was seen to have a medicines management plan, and if relevant, a plan for the administration of medicines required in an emergency (in the event of seizure activity). The plan outlined clear guidance to staff on the administration of emergency medicine, recovery times, repeat administration and when and why the assistance of emergency services may be required.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose and function contained the information required by the regulations including the stated aims and objectives of the centre and the specific care and support needs that could be met. Overall the inspector was satisfied that the

statement of purpose was an accurate reflection of the service provided in the centre. However, further detail and clarity was required as to the staffing arrangements in the centre and the assessment of residents needs prior to admission to ensure that full compliance with regulatory requirements in this regard was reflected. The record was amended based on the verbal feedback received.

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 inspector found that the centre was effectively governed and that there were systems for monitoring on a consistent basis the quality and safety of the care, support and services provided to residents.

There was a definitive management team consisting of the team leader, the person in charge and the integrated services manager. There was clarity on roles, responsibilities and reporting relationships.

The person in charge was appointed to this centre in 2015. The person in charge worked full-time, was suitably qualified and experienced, participated in the providers programme of ongoing training and was also undertaking accredited postgraduate studies in management. The person in charge was also responsible for the management of the local resource centre and the local community outreach service. The person in charge told the inspector that she had the capacity and the supports required in each of these services to ensure the effective governance and operational management of the designated centre.

On a day to day basis the person in charge was supported by the team leader who also worked full-time and was based in the centre Monday to Friday. They both described collaborative working arrangements and their procedures for monitoring the quality and safety of the supports and services provided. For example, they ensured that they were present in the house in the evenings to meet with residents; staff meetings were

convened to maximise staff attendance; regular staff supervisions were completed.

There was an out-of-hours on-call system the details of which were made available on a weekly basis to both staff and residents.

The provider had arrangements in place for the completion at the prescribed intervals of the reviews required by Regulation 23 (2). The reports of these reviews were made available to the inspector and reflected consistent evidence of compliance and good practice. Where actions did issue they predominantly related to documentary issues such as staff signing as having read policies or the updating of records. These positive HIQA inspection findings concur with and attest to the transparency and accuracy of the providers own reviews.

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 inspector found that staffing numbers and arrangements were appropriate to the number and assessed needs of the residents. Residents were in receipt of continuity of supports from a staff team who had access to a programme of continuous professional development.

Ordinarily there was one staff present in the house and the night-time arrangement was a sleepover staff arrangement; the person in charge confirmed that the house was staffed at all times (it was not at the time of the last inspection). Residents were independent in the community and two residents had been assessed as suitable to remain in the house without a staff presence. Staff spoken with confirmed that this was a very rare occurrence and was not related to staff availability but rather to support individual choice and resident independence. The inspector saw that a suite of relevant risk assessments was in place.

This inspection was unannounced and staff files were not available. However, a statement of compliance was made available to the inspector by the human resources

department; this indicated that the staff files which were held centrally contained all of the records required by Schedule 2.

There was a core team of regular staff and two relief staff that worked only in this designated centre.

Staff training records were maintained and staff attendance at training including refresher training was monitored by the person in charge and the team leader. The inspector reviewed these records and saw that all staff working in the centre had completed the required mandatory training within the required timeframes. Staff had also completed training that supported them to meet resident's needs including report-writing, person-centred planning, epilepsy awareness, mental health awareness and first aid, training in sensory needs and positive behavioural supports.

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:

Mary Moore
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-0002647
Date of Inspection:	30 January 2018
Date of response:	14 February 2018

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

It was not evident from the records maintained whether the complainant was satisfied or not with the actions taken on foot of their complaint.

1. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

- Follow up with all complainants 4 weeks after resolution of complaint to ensure that the resolution has been effective.
- The outcome of this follow up to will be recorded on the organisations complaints management database.

Proposed Timescale: 28/02/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The controls did not at times reduce the level of assessed risk; this indicated that somehow the controls were not sufficient to control the risk.

2. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

- Risk rating on all service risk assessments to be reviewed for accurate reflection of risk. Chief Risk Officer to be consulted as part of this process.
- Additional controls to be considered where the risk rating remains high.

Proposed Timescale: 28/02/2018

Theme: Effective Services

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

A drill that simulated the night-time scenario was required.

3. Action Required:

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

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

- At minimum once per year a simulated fire drill will be conducted where residents are supported to mimic night time conditions.

Proposed Timescale: 28/02/2018