

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0003637
Centre county:	Tipperary
Email address:	Laura.keane@rehab.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Louisa Power
Support inspector(s):	Kieran Murphy;
Type of inspection	Announced
Number of residents on the date of inspection:	10
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 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 July 2014 09:50 To: 16 July 2014 18:20

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This report sets out the findings of an announced one day monitoring inspection. Inspectors met with residents, staff members and the person in charge. Inspectors examined documentation which covered issues such as policies, procedures, medication management, accidents and incidents management, complaints and emergency plan. The person in charge informed inspectors that she endeavoured to provide a person-centred service to effectively meet the needs of residents.

Overall, inspectors found that residents received a good quality service that was responsive to the individual support requirements of each resident. Inspectors observed good practice in a number of areas. A good rapport between residents and staff was evident throughout the inspection and staff supported residents in a respectful and dignified manner. Support to residents was delivered with a person centred approach, individualised to the needs of each resident.

A number of improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The required improvements are

set out in detail in the action plan at the end of this report and include:

- Risk management
- staff training
- policies and procedures
- storage of equipment.

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 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):

This was the centre's first inspection by the Authority.

Findings:

Residents with whom inspectors spoke stated that they felt safe and spoke positively about their care and the consideration they received. Residents described the staff as being readily available to them if they had any concerns. Inspectors observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance, including personal care practices.

Inspectors observed that residents and their representatives were actively involved in the centre. Residents' meetings were held in each house on a weekly basis and items discussed included menu options, transport needs, appointments and chores. The person in charge facilitated consultation on an individual basis with a number of residents on a monthly basis. Each resident's family or representatives were invited to a meeting with the person in charge on a quarterly basis. Inspectors noted that feedback from consultation informs practice such as changes to the menu or residents' activities.

The person in charge informed inspectors that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. Inspectors observed staff endeavouring to provide residents with as much choice and control as possible by facilitating residents' individual preferences. For example, in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities.

Some residents attended activities off site while others participated in activities at the central activity centre which was also located within the complex. Inspectors observed that there was a good level of activity in the evenings and at weekends with residents choosing to participate in activities in the community or spending time with family and

friends. Residents to whom inspectors spoke stated that they were happy and enjoyed living in the centre. Individual residents engaged in their own specific activities outside of the centre such as attending concerts, shopping trips and sporting events.

Residents had access to a formal advocacy service and information about this service was seen to be in an accessible format and made available to residents.

The complaints procedure was made available to the inspectors and had been reviewed in April 2011. The procedure was seen to be appropriate to the needs of the residents. The person in charge confirmed that a complaints officer and a person, independent of the complaints officer, to ensure that complaints were appropriately responded to and all records are maintained, had been nominated. An independent appeals process was outlined. The person in charge stated that she dealt with any complaints as soon as possible and felt that residents were happy with the service they received. Residents with whom inspectors spoke confirmed that any complaints they might have were dealt with satisfactorily. Inspectors viewed the electronic complaints log and noted that the nature of the complaint, any action taken, the outcome and complainant's satisfaction level were recorded.

Residents were supported in having private contact with friends, family and significant others with due regard for any safeguarding issues. Many residents had a mobile phone and access to the internet was provided through communal computers. Inspectors observed that personal communications, including letters and telephone calls, were respected.

Inspectors noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions. Residents were supported to do their own laundry. Training was provided to residents to manage their own finances. Residents had easy access to personal monies and where possible control over their own financial affairs in accordance with their wishes. Inspectors saw that the system for maintaining financial records was sufficiently robust and the person in charge completed regular checks of the system.

Residents are facilitated to exercise their civil, political and religious rights. Inspectors noted that residents were afforded the opportunity to vote. Staff offered residents the choice to attend religious services.

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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge informed the inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to staff and other residents prior to admission. There was evidence that transfers to and from the centre were planned and person-centred. Residents' admissions were seen to be in line with the criteria included in the statement of purpose.

The inspectors were informed by the person in charge that consideration was always given to ensure that the needs of the resident being admitted were considered along with the needs of other residents currently living in the centre. The person in charge outlined how their pre-admission processes and the subsequent phased introduction to the service; assisted in ensuring the appropriateness and suitability of any prospective resident in the context of the existing resident population. In relation to one recently admitted resident, there were records of detailed assessments, consultations and communication between the person in charge, team leader and the prospective resident's representatives prior to this resident's admission.

The inspectors noted that there was an admission policy dated September 2010. This detailed preadmission arrangements and the admissions process. This policy did provide suitable arrangements for each prospective resident and his or her family or representative to be provided with an opportunity to visit the centre, as far was reasonably practicable, before admission of the prospective resident.

The inspectors noted that written agreements with residents and their representatives which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided for that resident had been provided to each resident. The fees and additional charges were included in these agreements. A tenancy handbook had been supplied to each resident which laid out the rights and responsibilities of the resident and the service provider in an accessible format.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were informed by residents and staff that there were a number of options available for all residents in relation to activities and work. Residents participated in meaningful activities during the day in a number of locations. Residents with whom the inspectors spoke outlined these activities which included arts and crafts, horticulture, looking after animals, adult literacy and work experience. Inspectors noted that residents were involved in the day to day running of their homes including shopping and cooking for each meal within each house.

Residents to whom inspectors spoke stated that they enjoyed going out to the gym, restaurants or the cinema in the evenings. Some residents also outlined how they enjoyed relaxing in their home, watching television or listening to music.

Inspectors reviewed a selection of personal plans which were comprehensive and person centred. Inspectors noted that they identified individual pathway plans in relation to residents' identified needs including behavioural challenges, supports, any medical issues and strategies agreed with residents in order to reach these stated goals. There was evidence of a range of assessment tools being used and ongoing monitoring of residents' needs including communication, mobility, and personal safety. There were identified key workers responsible for pursuing objectives in conjunction with individual residents, agreed time scales and set dates in relation to identified goals and objectives. There was evidence of multidisciplinary team involvement in residents' care including social work, behavioural specialist, general practitioner (GP) and psychology services.

From the sample of personal plans viewed there was evidence of residents or where appropriate residents' representatives involvement in agreeing/setting residents' goals. There was also evidence of individual goals having been achieved. In addition, personal plans contained details of meaningful activities recorded in respect of individual residents' needs and capacity. Inspectors saw that personal plans were reviewed annually or more frequently if there is a change in needs or circumstance. A review meeting took place between the key worker and resident to update the personal plan and goals. Each resident had a copy of his/her personal plan in an accessible format.

Inspectors noted that residents were supported when moving between services; transfers were planned with supports put in place when appropriate. There was evidence that residents were consulted when moving within the service.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre consisted of five different premises - two large houses and three smaller houses. All premises were easily accessible, bright, well ventilated, had central heating and decorated to an adequate standard. The premises were homely and met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. Residents with whom the inspectors spoke outlined how they had been involved in choosing colour schemes. Inspectors noted that the décor, design and layout were compatible with the aims of the statement of purpose. The premises generally appeared clean and well-maintained.

There were adequate showers and toilets with assistive structures in place to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Laundry facilities were available in each of the premises. Residents showed inspectors their rooms, stated that they were happy with the living arrangements and all had personalised their rooms with photographs of family and friends and personal memorabilia. Inspectors noted that apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a number of communal sitting rooms available. Assistive equipment for use by residents or people who worked in the centre, including wheelchairs and hoists, were sufficient in number, in good working order and records were up-to-date for servicing of such equipment. However, equipment was not stored discreetly.

There were suitable accessible grounds/outside areas. In addition, there were suitable garden seating and tables provided for residents' use located at a number of locations in the grounds of the premises. The grounds were kept safe, tidy and attractive.

Inspectors confirmed that suitable arrangements were in place for the safe disposal of waste. However, inspectors noted that general waste was not suitably stored in one premises.

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

There was a health and safety statement in place which outlined general aims and objectives in relation to health and safety. The health and safety statement was augmented by a risk management policy which outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risk management policy was seen to be kept under continual review. The inspectors noted that the control measures outlined in the risk assessments were implemented in practice and were proportional to the risk identified. Any adverse impact that the control measures may have on a resident's quality of life had been considered, discussed and documented. The risk management did not include the measures and actions in place to control unexplained absence of a resident, aggression and violence and self harm. Inspectors noted that some risks in the centre had not been identified.

The inspectors saw that there was an emergency plan in place and covered events such as power outage and water shortage. Staff outlined to the inspectors the procedure to be followed in the event of an emergency.

The inspectors saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating accidents. Learning from incidents were identified and implemented. The person in charge participated in a monthly national conference call with the health and safety manager to discuss incidents and identify actions. The recommendations were seen to be disseminated to staff.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. The training matrix confirmed that all staff employed had received annual refresher training in fire safety. Staff and residents demonstrated good knowledge on the procedure to follow in event of a fire. Fire safety equipment is serviced on an annual basis, most recently in May 2014 but the quarterly fire panel service was due in June 2014. Staff and residents participate in regular fire drills, at least once per quarter. There were arrangements in place for regular checks of fire precautions.

A personal emergency evacuation plan (PEEP) was seen to have been developed for residents. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident.

Inspectors noted that a designated smoking area was provided for residents and that adequate controls were in place to protect residents as residents were visible when smoking and fire fighting equipment available. Individualised risk assessments were completed for residents who smoked but the risk assessments did not set out the measures to control smoking-related risks to residents' safety.

Staff demonstrated a good understanding of the use of the hoist and manual handling practice. Residents had a personalised manual handling plan where appropriate and this was seen to be updated annually at a minimum in line with residents' changing needs.

Hand washing and sanitising facilities were readily accessible to staff and residents. Inspectors saw that residents were prompted by staff to wash their hands. However, inspectors noted that storage of cleaning equipment did not adequately prevent against cross contamination.

Inspectors saw records that confirmed that all vehicles used to transport residents were regularly serviced, insured, equipped with appropriate safety equipment and driven by staff who are properly licensed and trained.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

Inspectors noted that the provider and person in charge had taken measures to protect residents from being harmed and from suffering abuse. The inspectors reviewed the centre-specific policy on the prevention, detection and response to abuse, dated January 2013, which was comprehensive.

Training records reviewed indicated that all staff had attended education and training on the protection of vulnerable adults. Staff confirmed their understanding of the features of adult abuse, their reporting obligations and how they might deal with a suspected incident of abuse.

Throughout the inspection, inspectors saw that the staff took time to engage with the residents and the residents were relaxed in the company of the staff. Residents spoke of the "lovely and kind" staff, stated they feel safe living in the centre and were aware of what to do in the event they experience abuse.

Records were provided to the inspectors that confirmed that any incidents, allegations and suspicions of abuse had been recorded and these incidents were appropriately investigated in line with national guidance and legislation. Inspectors observed that appropriate safeguards had been put in place.

From a selection of personal plans viewed, inspectors noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. Staff with whom inspectors spoke confirmed that they had received suitable training and had up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. Inspectors saw that comprehensive behaviour management plans and guidelines had been devised and implemented. Where restrictive practices were used, the inspectors observed that such procedures were applied in line with evidence based practice and following a multi-disciplinary decision.

Inspectors observed that safeguarding measures were in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff with whom inspectors spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the meal plan accordingly. Outside of set mealtimes, residents had access to a selection of refreshments and snacks in each house. Inspectors noted that there were adequate quantities of food and drink; that was

properly and safely prepared, cooked and served. Staff to whom inspectors spoke with stated that residents were encouraged to participate in the weekly grocery shopping. Inspectors noted that a number of residents were supported in preparing and cooking their own food and that there was adequate provision for residents to store food in hygienic conditions. Residents with whom inspectors spoke stated that they enjoyed their meals and that the food was very good.

Inspectors reviewed a selection of personal plans and noted that each resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. Inspectors noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control, dietary considerations and smoking cessation. The person in charge informed inspectors that the level of support which individual residents required varied and was documented as part of the residents' personal plan. From reviewing residents personal plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing, toileting and oral care. There was evidence of a range of health assessments being used including nutrition, physical and mental well being assessments.

There was evidence that timely access to health care services was facilitated for all residents. The person in charge confirmed and inspectors saw evidence that residents were able to attend a GP of their choice and an "out of hours" GP service was available if required. In line with their needs, residents had ongoing access to allied healthcare professionals including behavioural therapy, physiotherapy, dental, dietetics, chiropody, speech and language therapy, psychology and psychiatry. Records were maintained of all referrals and appointments.

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):

This was the centre's first inspection by the Authority.

Findings:

Residents with whom inspectors spoke with confirmed that they had access to the pharmacist of their choice and were facilitated to personally attend their pharmacy. There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines which was dated February 2012.

Inspectors observed that staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements when administering medication. Residents' medication was stored and secured in a locked cupboard in each house and there was a robust key holding procedure. Medication errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Unused or out of date medications were stored in a secure manner, segregated from other medicinal products and returned to the pharmacy

Residents were encouraged to self-administer their own medication following a comprehensive risk assessment and assessment of capacity. Residents who wished to self-administer their own medication participated in a programme of medication management training and safe storage facilities were provided to these residents.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a full-time person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. Inspectors were satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge. Inspectors were satisfied that the person in charge provided effective governance, operational management and administration of this centre. Inspectors noted that there was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision.

Inspectors noted that residents were familiar with the person in charge and approached her with issues during the inspection. Staff with whom inspectors spoke were clear about the role of the person in charge and who to report to within the organisational line management structures in the centre. The person in charge attended and facilitated regular meetings with residents and their representatives which assisted her in keeping

up-to-date in relation to residents' needs. Throughout the inspection the person in charge demonstrated an adequate knowledge of the Regulations. Inspectors also noted that the person in charge demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care.

The person in charge undertakes a review of the safety and quality of care and support in the centre. The actions generated from the review were seen to be implemented. The regional manager visited the centre in May 2014 and prepared a written report on the safety and quality of care and support provided. A written plan was made available to the inspectors to address any actions identified.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a planned and actual staff roster in place which showed the staff on duty during the day and night and was properly maintained. Based on observations, a review of the roster and these inspection findings, inspectors were satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. Inspectors observed that residents were familiar with staff, were informed of the roster in advance and received continuity of care and support.

A sample of staff files was reviewed and contained all of the required elements. There was evidence of effective recruitment procedures and a comprehensive induction procedure.

Staff with whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors noted that copies of the Standards were available in residents' houses and staff spoken with demonstrated adequate knowledge of the Regulations and the Standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. Further education and training completed by staff included management of challenging behaviours, food safety, epilepsy and first aid. However, a number of staff had not completed training in manual handling and safe administration of medication.

The inspectors noted that regular monthly staff meetings take place and topics discussed include health and safety, individual residents' needs and transportation. Staff were supervised appropriate to their role and a formal appraisal system had been implemented.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

This was the centre's first inspection by the Authority.

Findings:

Only the component in relation to policies and procedures listed under Schedule 5 were considered as part of this inspection.

Some of the policies, procedures and guidelines to inform best practice made available to the inspectors had not been reviewed in the previous three years including the policies in relation to admission, complaints and recruitment and selection of staff. The policy in relation to residents' personal possessions was in draft. The policy in relation to complaints was not centre specific.

Judgment:

Non Compliant - Moderate

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:

Louisa Power
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-0003637
Date of Inspection:	16 July 2014
Date of response:	20 August 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The admission policy did not take account of the need to protect residents from abuse by their peers.

Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

Policy to include evidence of protection of service users throughout the admissions process.

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

Proposed Timescale: 01/09/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

General waste was not suitably stored in one premises.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Service Users in supported independent living houses to be trained and educated in the safe storage of general waste and a positive risk assessment to be drawn up and discussed with each of the service users in these houses.

Proposed Timescale: 01/09/2014

Theme: Effective Services

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

Assistive equipment was not stored discreetly.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Equipment to be stored discreetly by constructing an enclosed area around the assistive technology.

Proposed Timescale: 31/10/2014

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:

The inspectors noted that some risks in the centre had not been assessed in the risk management policy.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Risk Management Policy to include the following areas:

- Risk Assessment for Banister on the Stairwell
- Risk Assessment for Window Blind Cords
- Risk Assessment for Windows

Proposed Timescale: 22/08/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy did not include the measures and actions in place to control the unexplained absence of a resident.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

Risk Management Policy to include the following areas:

- Unexplained absence of a service user

Proposed Timescale: 15/08/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy did not include the measures and actions in place to control aggression and violence.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

Risk Management Policy to include the following area:-

- Management of aggression

Proposed Timescale: 15/08/2014

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control self harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Risk Management Policy to include the following area:-

- Management of self harm

Proposed Timescale: 15/08/2014

Theme: Effective Services

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

The risk assessments for smoking did not set out the measures to control smoking-related risks to residents' safety.

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:

Generic risk assessment around Fire Safety to include service users that smoke.

Proposed Timescale: 20/08/2014

Theme: Effective Services

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

Storage of cleaning equipment did not adequately prevent against cross contamination.

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:

Service Users in the supported independent living houses to be trained and educated in the safe management of cleaning equipment and a positive risk assessment to be drawn up and discussed with each of the service users in these houses.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

The quarterly fire panel service was due in June 2014.

Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

A clear prompt system in place to ensure quarterly checks are done in time.

Proposed Timescale: 20/08/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff had not received training in manual handling and safe administration of medication.

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:

Staff to be trained in medication and manual handling.

Proposed Timescale: 30/11/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy on residents' personal possessions was in draft form.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Policy on service user personal possessions to be finalised

Proposed Timescale: 20/08/2014

Theme: Use of Information

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

The complaints policy was not centre specific.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Complaints Policy Flow Chart to be made Centre specific

Proposed Timescale: 20/08/2014

Theme: Use of Information

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

A number of policies as listed in Schedule 5 of the Regulations had not been reviewed in the previous 3 years.

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:
Policies listed in Schedule 5 that have not been reviewed in the last 3 years are reviewed

Proposed Timescale: 20/08/2014