

**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-0002642
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Michael O'Connor
Lead inspector:	Karina O'Sullivan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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:
19 January 2016 10:00	19 January 2016 19:00
20 January 2016 10:00	20 January 2016 20:30

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

This was the second inspection of this designated centre by the Health Information and Quality Authority (hereafter called The Authority).

The purpose of this inspection was to monitor compliance and inform a registration decision under the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the standards).

The inspector also followed up on actions required from the previous inspection in April 2014.

The inspector visited the house and met with the residents and some staff members. The inspector observed practice and viewed documentation such as personal plans, medical records, recording logs, policies and procedure, minutes of meetings and staff files. As part of this inspection the inspector also reviewed questionnaires returned by residents and relatives.

The designated centre provided a residential service to five adults. Their aim was to "deliver a community based home that is stress-free, safe and homely. Through the provision of high quality, flexible, person centred service, with an aim to enhance the lives of all tenants" as outlined in the statement of purpose for this designated centre.

A major noncompliance was identified in relation to inadequate staffing supports at times within the designated centre. This is discussed within outcome 16: use of resources.

The residents were observed to be living in the designated centre and when spoken to were happy to live within this designated centre. Residents informed the inspector that they liked the house they lived in and enjoyed the variety of activities they participated in. Residents had access to social care needs and residents were supported to participate in activities appropriate to their interests and preferences. Overall the inspector found that actions taken since the previous inspection has resulted in improvement to the quality of life for residents living in the centre.

Over the course of the inspection the inspector found the residents, person in charge and staff to be courteous, supportive and helpful with the inspection process.

Further improvements were required in some areas as outlined in this report within the subsequent action plan.

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 inspector was satisfied that the privacy, dignity and rights including both civil and religious rights of residents were promoted. Residents were afforded the opportunity and encouraged to make choices and these choices were respected.

The inspector found systems in place to consult with residents in a manner suitable to their needs and abilities. For example the use of photographs to identify staff members. Residents had weekly meetings within the designated centre incorporating standard agenda items. These included the following, minutes from the previous week, meal plans, activities for the weekend and health and safety issues. Various other items pertaining to the running of the house were also discussed such as packages for television channels and a decision in relation to installing the product. All residents meetings were recorded, this was completed by staff and sometimes the residents recorded the minutes.

One resident identified to the inspector that he did not enjoy cooking, the inspector viewed evidence of this also within his personal profile. This resident's choice was respected with alternative arrangements in place. As this resident would partake in household activities instead that he enjoyed participating in.

Residents were also consulted in relation to the interior design of the designated centre. This included the purchase of furniture and personal items for their bedrooms such as pictures and soft furnishings. One resident informed the inspector of a very recent visit to a household store. The purchase of items such as curtains for her bedroom and cushions for the sofa in the sitting room took place. Resident's bedrooms were individualised in accordance with each resident's preference, for example if a resident

had a particular interest in horse riding this was evident.

Residents had access to the national advocacy service. The relevant contact information was displayed in the designated centre. The organisation also had their own advocacy committee, at present the residents within the designated centre were not on the committee. Information in relation to the committee was available for residents to keep up to date with the committee's progress.

Individual safes/ secure storage were provided in each resident's room if they required to store personal belongings or money. All residents were assessed as independent in this area and the inspector viewed these assessments within the residents' files.

There was a complaints policy and procedure in place within the designated centre. The complaints procedure was displayed on the notice boards within the designated centre. Residents were aware of who the local complaints officer was and how to make contact with this staff member. The inspector viewed the complaints log however no complaints were documented since the last inspection.

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 inspector was satisfied that residents were supported and assisted to communicate in accordance with residents' needs and preferences.

The inspector viewed a sample of resident's communication profiles, these included methods of communication within the section of the profile "things I want and need the people supporting me to know". All residents communicated verbally, however the designated centre did utilise visual pictures within some documents such as the items in the house meeting agenda.

Residents had access to television, radio and wireless internet connection within the designated centre. One resident had their own laptop. Residents used the assistance of the internet to maintain communication with friends and previous staff members.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the majority of families and friends were encouraged to get involved in the lives of residents, however further improvements were required in this area.

Staff outlined how they facilitate residents to maintain contact with their families. This included access to telephones, transport home/ visits and family invitations to events in the designated centre including significant life events such as birthday parties and special occasions.

Contact with family members was evident between staff and relatives, however the inspector had difficulty in ascertaining how regular this was. On reviewing the documentation one family was contacted once in 2015 while another resident's family was contacted twice in 2015. On speaking to staff they identified that contact may be more regular depending on the needs wishes of the resident. This was not evident within the resident's personal profile, within the daily life section there was no identification or inclusion of family. For two residents the names of their family members were identified however one resident had no names identified. Therefore making it difficult to maintain contact with the resident's family when the names of the family members were not evident.

Staff assisted in the organisation of holidays for residents with some residents going on holidays with friends from outside the designated centre.

Visitors were welcomed within the designated centre several links are maintained within the community. Residents participated in a wide variety of activities according to their individual interests such as bingo and art classes. Relationships were maintained within the neighbourhood for instance neighbours came to visit the designated centre and also one of the residents would visit a neighbour's house.

Judgment:

Substantially 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:

The inspector was not satisfied that the residents' contracts for the provision of services outlined the information as required within the regulations. Residents contracts did not contain accurate information in relation to the fees charged to residents and additional charges were not outlined.

All residents had written contracts in place consisting of a service agreement and a tenant handbook. The service agreements were reviewed by the person in charge with the residents the day prior to the inspection and signed. This inspector viewed these documents and was not satisfied the documents contained correct and accurate information. For example the service user agreement stated the resident is charged €48 per week, however, their tenancy handbook stated the resident is charged €54 per week. Therefore a difference of €6 existed between the service agreement and the tenant handbook.

In addition the contracts did not outline details of additional fees, the inspector established from discussions with staff and viewing records that residents contributed to a cleaning service for the designated centre.

The inspector did view policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose. There were no recent admissions to the designated centre.

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):

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

Findings:

The inspector was satisfied that the actions required from the previous inspection were addressed. Significant improvements had taken place in relation to the social care needs of residents being assessed.

The inspector viewed some of the person centred plans and residents discussed the contents of these plans with the inspector. Plans included sourcing more suitable accommodation for one resident due to their changing needs. Evidence of interventions such as the allocation of a downstairs room, ramps and mobility aids had been sought for this resident. Staff had also consulted with the resident to submit a housing submission to the HSE (Health service executive) in 2014. The resident was able to identify all of the measures undertaken to the inspector.

The inspector viewed residents personal plans these included important information about the residents' lives, likes, dislikes and interests, were contained in the residents' plans. With the exception of family this was addressed under outcome three. One resident had developed a film with the assistance of staff members and family containing photos of significance to this resident.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found the designated centre required improvements to ensure it was suitable and safe for the number and needs of residents.

The designated centre was a six bedroom semi-detached two storey house, located in close proximity to the town centre.

There was an open plan kitchen cum dining room, sunroom and separate sitting room on the ground floor. Two residents had bedrooms downstairs and shared a bathroom on the ground floor. The person in charge identified that the shower fixture to control the temperature and pressure was to be replaced in order to accommodate the needs of the residents in the next number of weeks.

The other three residents had individual bedrooms on the first floor with shared access to a toilet and shower. A bedroom for staff when on sleepovers was also located on the first floor. This also contained facilities for items to be securely stored such as files.

One of the resident's bedroom had very little space available for the resident to relax and have personal space afforded. The bedroom was compact with a bed and storage area, when the door was opened there was very little space between the bed and the door. The inspector was not satisfied that the resident's bedroom was of suitable size for the needs of the resident. However the inspector did acknowledge recent renovations completed within another resident's bedroom in order to maximize space.

The designated centre had a garden to the back of the house with an external area containing laundry facilities. The designated centre was accessible by both steps and ramps to assist resident's mobility.

The designated centre had parking to the front of the building and CCTV (closed circuit television) was in operation to the front and side of the building.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff were promoted. However there was no thermostatic controls fitted to the hot water system and the water was found to be excessively hot. The person in charge informed the inspector that this would be addressed as soon as possible.

There was a health and safety statement in place. The risk management policy met the

requirements of the regulations.

A safety audit was conducted five days prior to this announced inspection with recommendations identified and specific time frames outlined.

Appropriate steps were in place to manage the risk of fire. Evidence of routine checks and service of the fire detection, alarm system, emergency lighting and equipment was being conducted by a fire professional. All staff had undertaken fire training. There were provisions for weekly checks to be conducted in the designated centre.

The inspector viewed the emergency plan and was satisfied that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage.

The inspector reviewed the risk management policies and procedures and found them to meet the requirements of the regulations. There was a clear system in place to identify, examine and manage potential hazards in the designated centre. This was evident through the risk register viewed within the designated centre.

From speaking with the person in charge and reviewing documentation the inspector determined that there was a system in place to monitor and review accidents, incidents and near misses in the designated centre. The inspector was satisfied that appropriate corrective actions were implemented when required. For example jel hot water bottles were sourced to avoid the risk of burns or the leaking of hot water as one resident had a preference to have a hot water bottle going to bed.

The inspector found that there was an up to date insurance policy in place with adequate cover.

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):

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

Findings:

The inspector was satisfied that one of the two actions from the previous inspection had been implemented. The inspector was not satisfied that the action pertaining to residents being supported to develop knowledge in self protection was achieved.

The inspector could not determine if all residents had been offered to participated in the relationship programme as identified as an action in the previous inspection. This information was not evident in all residents' plans.

While a safeguarding investigation had taken place within the centre, it was found that some practices failed to adequately protect and promote residents ability to manage their own financial affairs. For example, residents has signed contracts in relation to rental agreements which contain different charges, there was also no assessments available to identify residents support requirements in relation to their financial affairs. Incidents had taken place in the centre to suggest some resident's required additional support to ensure their financial support was adequately safeguarded.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. The person in charge outlined the procedures to be followed should an allegation of abuse arise. The inspector spoke with residents who were familiar with the procedure and knew who to disclose concerns to.

Judgment:

Non Compliant - Moderate

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 legal requirement to notify the Chief Inspector regarding incidents and accidents. However during the course of inspection the inspector identified an incident which should have been notified to the Authority. The inspector discussed this with the provider nominee, the person in charge and the person participating in management.

Judgment:

Substantially Compliant

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Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
 Health and Development

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

Findings:
 The inspector was satisfied that the general welfare and development needs of resident's were promoted. Residents were afforded opportunities for new experiences, social participation, education, training and employment.

The person in charge and support worker outlined how support is provided to residents to pursue a variety of interests including cooking, bingo, horse grooming and swimming. The inspector viewed residents' profiles and these contained relevant information in relation to activities residents participated in.

Residents informed the inspector of their individual activities one resident was in paid employment. Another resident had retired and informed the inspector of their retirement party. Some of the residents had undertaken a first aid course and a relationship programme. Other residents were involved in ceramics, art exhibitions, Arch clubs and community based activities.

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

Findings:
 The inspector noted significant improvements in relation to the assessments of

residents' health care needs since the previous inspection. However some gaps were still evident in relation to how residents were supported to attain their assessed health care needs.

The inspector identified evidence of annual health checks completed by a general practitioner. One resident had decided to change practitioner and the resident was supported to complete this with the assistance of staff. Input from other multidisciplinary practitioners was also evident for example opticians, physiotherapist and occupational therapist as required by the resident.

The inspector viewed assessments conducted and health plans devised. No systems were in place to monitor the effectiveness of the areas identified. For example a weight reducing plan commenced in January 2015, weights were identified as being monitored monthly. This was not evident as no recording for April, May, June October, November and December was documented. It was therefore difficult to determine if the interventions outlined in the plan were effective. The inspector was informed that this was up to the resident themselves, as they may wish not to record their weight. No evidence of this conversation occurring or collaboration within the resident to identify alternative interventions was evident within the residents file. The inspector was satisfied menu planning was discussed with the resident however the inclusion of a dietician was not sought.

Another resident with a diagnosis of epilepsy had recently received a system for monitoring seizures at night time. Clear collaboration with the resident took place in relation to this intervention. However it was difficult to identify how effective this device was in relation to seizure management. The inspector requested to view the record of seizure activity however staff were unable to source this on the day of inspection with the exception of analysing the resident's daily notes.

Within another resident's health care plan prolonged headaches were identified. If a headache prolonged, within the plan the following was stated "staff must refer the resident to accident and emergency due to the possibility of a brain haemorrhage". When speaking with staff they were familiar to administer prn medication (Pre re nata as required medication), however, it was not clear the duration of time staff should wait until the transfer to accident and emergency. Therefore the inspector was not satisfied that the plan provided sufficient information to guide staff especially when this designated centre was operating on relief staff.

The person in charge informed the inspector that when residents were busy attending various activities during the day. The evening meal was an opportunity for a positive social event with residents. The inspector observed this over the course of the two days and clear consultation and collaboration with residents was evident in relation to meals cooked and the cooking of meals.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector found the actions required from the previous inspection had been implemented. Residents requiring self medication assessments had been implemented with dates identified for review.

The inspector found the medication management policies and procedures were satisfactory and safe. The policy provided comprehensive and clear guidance to staff on areas such as medication administration, refusal, medications requiring strict controls, disposal of medications and medication errors.

Two residents informed the inspector of what medication they were taking and why they were prescribed the various medications.

Residents were responsible for their own medication and healthcare needs within the designated centre with the exception of one resident who required supervision. There was a clear process around this area and appropriate control measures were implemented.

The inspector viewed a sample of files and found that staff had training in relation to medication management.

The person in charge undertook audits to ensure compliance with the designated centre's policy and that all required documentation is correctly completed.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied the statement of purpose met the requirement of the regulations. Minor amendments were required in relation to the inclusion of the floor plans or narrative description of the room sizes. These were subsequently provided following the inspection.

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):

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

Findings:

Actions from the last inspection were addressed however other areas of concern arose during the course of the inspection. The inspector was not satisfied that the quality of care and experience to residents' was monitored and developed on an on-going basis.

Arrangements were in place for the person nominated on behalf of the provider to carry out an unannounced visit to the designated centre on a six monthly basis.

There was no annual review present within the designated centre this was also identified in their unannounced visit. The following was noted "it is possible that the service annual review is conducted at the day service". The action required for this stated "ensure that this is also available in the residential service". Neither the person in charge nor the regional manager could identify if this had taken place. The annual review was to review the safety and quality of care and support provided in the designated centre. Therefore this was undetermined.

The person in charge and other staff members had responsibility for carrying out regular audits in the designated centre. The person in charge completed various audits including health and safety and financial audits.

The inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The designated centre was managed by a suitably qualified, skilled and experienced person in charge. The person in charge had authority, accountability and responsibility for the provision of the service. The person in charge was also knowledgeable about the requirements of the regulations and standards. This staff member was also responsible for two other day centres within the organisation. The inspector was satisfied that this was a suitable arrangement due to the close geographical locations of each centre. Daily contact was maintained between staff in the house as the person in charge. The designated centre was in the process of recruiting a team leader and therefore when that position is filled this person will assisted in ensuring more effective governance and management within this designated centre.

Judgment:

Substantially 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 inspector found that the person in charge was aware of the requirement to notify the Authority of any absence over 28 days.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found the designated centre was not adequately resourced with staff to sufficiently meet the residents' assessed needs.

The statement of purpose identified seven nights staff sleepover support was available within the designated centre. On viewing the previous rosters the inspector identified since June 2015 four occasions arose when residents were not in receipt of a sleepover staff. Two occasions occurred in June 2015 with one in August and another in December 2015. There was also a lack of staff on a number of occasions where staff left the designated centre at 7am instead of 9am as outlined the service agreement /contract of care. These documents stated support worker returns back on duty at 7am and ceases at 9am

Residents had been assessed as requiring staff support during waking hours and access to a sleepover staff at night time. The assessed needs related to defined areas such as supervision when cooking food, medication management and monitoring of epilepsy. The inspector also spoke with residents who identified concerns when no staff were present during the night. Residents explained that they worried if somebody got sick how they would deal with this. Residents identified how happier they were when staff were on sleepover shifts as they would call the staff to help them if needed.

The inspector was informed that the person in charge did not work directly in the designated centre but maintained regular contact. On the day of inspection a team leader post was advertised with two support workers in an effort to provide consistent staffing and avoid incidences as outlined at above. However these posts were not in place during this inspection.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector noted improvements from the previous inspection however some actions were not implemented.

While no permanent staff were allocated to the designated centre a regular core team were identified with only one of these staff members receiving training in epilepsy. The inspector was not satisfied that this was sufficient when staff members were required to do sleepover shifts and be in the designated centre as lone workers.

Records of staff training were maintained. There was evidence that the staff had attended a range of training in areas such as communication skills, first aid and the management of behaviour that challenge.

Supervisory meetings were to take place eight times per year in accordance with the designated centre's policy, the inspector was unable to see evidence for this. While supervision was taking place it was not in accordance with the organisation policy. The person in charge outlined plans to complete a performance review with staff on a yearly basis, this process has yet to be introduced.

Volunteers were currently not involved within the designated centre. Should that change, the person in charge was aware of the requirements of the regulations in this regard.

A sample of staff files were viewed as part of this inspection. Gaps in employment history were evident in one file neither the inspector nor the person in charge could account for this gap during the inspection as it was not clear within the file. However, following inspection the person in charge provided evidence from the file identifying the gap noted.

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):

No actions were required from the previous inspection.

Findings:

The inspector found there were systems in place to maintain complete and accurate records however improvements were required in certain areas.

The inspector read the residents guide and found that it provided detail in relation to all of the required areas. This document included a summary of the services and facilities to be provided, arrangements for resident's involvement in the designated centre and a summary of the complaints procedure.

The inspector reviewed documentation submitted as part of the application to register, and determined that there was an up to date insurance policy in place for the designated centre.

The inspector found systems were in place to ensure that medical records and other records, relating to residents and staff, were maintained in a secure manner.

Written operational policies were in place to inform practice and provide guidance to staff. However not all of these were being maintained in accordance to the regulation. In addition several versions of the same policy were in circulation and this could lead to confusion and lack of clarity for staff. For example the development of training programmes for service user's policy dated 2011 was in circulation, while an updated draft version May 2014 was also in circulation. Recruitment selection and Gardaí vetting for staff policy was dated April 2011, CCTV policy was in draft format despite this being in operation within the designated centred this policy was dated 2014, and the provision of information to resident was dated 2014 was also in draft format.

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:

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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-0002642
Date of Inspection:	19 and 20 January 2016
Date of response:	26 February 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 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

Lack of evidence in relation to family involvement or collaboration within the designated centre.

1. Action Required:

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

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

The details of all communications, mainly by e-mail were logged within the family contact section of the resident's personal file. The log however detailing the specific dates, times and nature of the contact was not completed. This will now be completed.

Proposed Timescale: 10/03/2016

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 contracts in place for residents did not contain accurate information in relation to the fees charged to residents. Any additional fees residents had to pay were also not outlined within the contracts in place.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The incorrect service agreement documents which indicated rent of 54€ have been removed from the service as they are 'pre-populated' documents that can be downloaded and printed as and when required from the SharePoint system for review if required. The only signed service agreement by residents which is retained on the premises is the local EASY READ service agreement in which the correct rent (€48 per week) is clearly outlined.

The additional schedule of fees for contract cleaning of 1.50€ per week from 2 x residents and 3.50€ for 3 x residents who access bed linen changes, will be added to the document and explained to residents to ensure they understand. Residents will be requested to re-sign if they agree.

Proposed Timescale: 10/03/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One bedroom did not have sufficient space to accommodate the needs of the resident.

3. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The resident is on the process of being transitioned to his new bedroom and the staff office has been re-located downstairs to the conservatory.

Proposed Timescale: 10/03/2016

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:

Hot water was not regulated within the designated centre.

4. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Quotes are currently being sought from approved registered heating contractors to fit anti scald valves on all hot water taps within the property.

Proposed Timescale: 31/03/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was a lack of evidence in relation to residents choices to participate in a relationship programme as actioned following a previous inspection.

5. Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

Programme Evaluations and Feedback currently stored in the Day Centre Service will now be stored in the designated centre.

Proposed Timescale: 10/03/2016

Theme: Safe Services

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

Assessments had not taken place to identify residents support requirements in relation to their financial affairs.

6. Action Required:

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

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

There is a Service User finance policy in place. The organisations assessment tool in respect of support requirements re financial affairs will be implemented.

Proposed Timescale: 31/03/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Did not notify the Authority of a significant incident within the designated centre.

7. Action Required:

Under Regulation 31 (1) (g) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff.

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

An official communication relating to a legal issue which advised against notification was furnished directly to the HIQA Inspector by email on February 5th 2016.

Proposed Timescale: 26/02/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was no monitoring system in place to determine the effectiveness of health care plan in place.

8. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

In order to monitor effectiveness of weight loss management we must have consent from the resident that they want this intervention. This had not been provided in this case. A weight loss plan, with the consent of the resident, will be implemented. Further details have been provided directly to the inspector with details of the plan.

Proposed Timescale: 30/04/2016

Theme: Health and Development

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

Plans did not provide sufficient details to guide staff.

9. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Guidance is currently being sought from the RehabCare Clinical Risk specialist as to how to guide staff in the event of a prolonged headache occurring and the risk of re-current brain haemorrhage.

Once this guidance has been provided we will ensure that guidance is provided to staff in the Residents risk assessments and personal plans to sufficiently guide staff about the transfer times to A&E in the event of a prolonged headache.

Proposed Timescale: 10/03/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

No annual review of the quality and safety of care and support within the designated centre was conducted.

10. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of

the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An Internal monitoring 18 outcome Inspection, which serves as an annual review of quality, is scheduled for March 10th.

Proposed Timescale: 10/03/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

Sufficient staff numbers were not available to meet the assessed needs of residents in accordance with the statement of purpose.

11. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

A full staff complement of three permanent staff are being recruited to deliver 64 hours a week direct (previously only 56 hours) service provision with a contingency of 14 additional hours per week for any additional needs that may arise within the designated centre. A Relief panel of a minimum of 5 relief staff is also in the process of being recruited to ensure that staff cover is provided as per the statement of purpose.

Proposed Timescale: 10/03/2016

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 relation to epilepsy management within the designated centre.

12. 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:

All staff will be trained in Epilepsy management in the next available course.

Proposed Timescale: 01/07/2016

Theme: Responsive Workforce

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

Staff supervision was not in accordance with the organisational policy.

13. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

A schedule for frequent supervision, in accordance with the organisation's policy will be put in place by the PIC

Proposed Timescale: 31/03/2016

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 were not being reviewed at intervals not exceeding 3 years such as the use of CCTV was in draft format since 2014 and the recruitment selection and Gardaí vetting for staff policy was dated April 2011

14. 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:

Rehab Group "Policy on Policies" with a requirement that all policies are reviewed within in a three year timeframe is due for publication by 18th March 2016. The use of CCTV is addressed within the Rehab Group Data Protection Policy issued in 2014.

The Recruitment & Selection Policy has been reviewed and is currently being finalised.

Garda Vetting is covered under the Background Checks Policy, this policy is due for review and this has been escalated to the Quality & Governance Directorate.

Proposed Timescale: 01/06/2016

Theme: Use of Information

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

Some of the policies as set out in schedule 5 had different versions in circulation within the designated centre for example training and development programmes for service users was available in draft format for 2011 and 2014.

15. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

Policy on Educating Adults has been drafted in December 2015. This is due to be signed off and circulated to services.

Proposed Timescale: 31/03/2016