



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Westside Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	18 December 2018
Centre ID:	OSV-0001790
Fieldwork ID:	MON-0025487

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Westside Residential Services is located in the heart of Westport town. It has the capacity to support seven individuals. There are two houses in the designated centre, one house comprises of 5 beds, 2 of which are occupied at present, the second house accommodates two male residents. This residential service operates on a full-time basis 7 nights x 52 weeks per year. The service provides accommodation to both male and female residents with ages ranging from 39 years to 71 years old. All service users have their own single bedrooms which are fully furnished and individually decorated as per each residents likes and desires.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
18 December 2018	09:30hrs to 14:00hrs	Thelma O'Neill	Lead

Views of people who use the service

The inspector met with two of the residents living in this centre and they were very complimentary of the service provided and the staff who supported them. One resident recently admitted to the centre, said that they wished to live at home and were anxious for this to happen.

Capacity and capability

On this inspection, the inspector found the provider had effective operational management arrangements in place in this centre. This centre was operated in a person centred manner and the inspector observed some good practices over the course of this inspection.

As part of the governance and management oversight arrangements of this centre, the provider had appointed a person in charge for the centre, who had an active presence in the centre. She was also appointed as a person participating in the governance and management of seven other designated centres. She was supported by a dedicated staff team, who were responsible for ensuring residents needs were met and any concerns were reported to the person in charge as required. The provider had also increased the governance structure of the organisation and appointed a senior manager to oversee the operational governance and management of this centre and a number of other designated centres in the organisation.

The inspector found a good level of compliance in all of the regulations inspected; such as, safeguarding, healthcare, individual assessment and personal plans and all staff had a clear understanding of the policies and procedures in place to protect residents in the centre. However, there were three areas that required some level of improvement.

The inspector found residents' care and support needs were well monitored and reviewed. The provider completed annual reviews and six monthly unannounced audits, to ensure key areas such as; health and social care, management of resident finances, health and safety risks, and safeguarding were adhered to in line with their policies and procedures and the regulations. Actions from the last inspection were reviewed and the inspector found areas where improvements were required were all addressed, with the exception of one which was the recording of restrictive practices in the centre.

Weekly house meetings were held in the centre and this provided residents with the

opportunity to express their views and preferences. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis and this was evident in the minutes of house meetings and from discussions observed during the inspection. Residents' quality of life was found to be to a high standard, and residents confirmed this to the inspector.

Regulation 14: Persons in charge

The person in charge worked full-time, and was suitably qualified, experienced and skilled to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had adequate staffing in the centre to support the residents achieve their individual health and social goals. The inspector found the number and skill mix of staff in the houses were appropriate to the number and assessed needs of residents, the statement of purpose, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received the required training to ensure they had the skills and capacity to attend to the residents' care and support needs.

Judgment: Compliant

Regulation 23: Governance and management

There was effective governance and management arrangements in place to govern this centre. The provider had implemented good governance arrangements to ensure there were robust systems in place, such as audits, staff supervision and management meetings. This ensured that the service was provided in line with residents' needs and as described in the statement of purpose.

The provider had ensured that additional resources were provided when required for two residents who were experiencing end of life care, which ensured their wishes were granted to remain at home and they were cared for at home by their familiar staff team.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose as set out in Schedule one of the Regulations. The statement of purpose described the service being provided to the residents and was also regularly reviewed and updated.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring was maintained in the designated centre. The person in charge had submitted written reports to the chief inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in this centre. The registered provider had an effective complaints procedure for the residents, which was in an accessible and age appropriate format.

Judgment: Compliant

Quality and safety

The inspector found this was a well-managed service and the provider had measures in place to ensure there were robust quality and safety procedures in place in this centre. However, there were three areas that required improvement to meet full compliance with the regulations. These related to managing behaviours of

concern, monitoring restrictive practices and risk management procedures.

In general the risk management practices were in line with the organisational policies and procedures and staff were able to demonstrate to the inspector that there were effective risk management procedures in operation in the centre. However, some improvements were required in the procedure for escalating risks, as the risk register was not up-to-date and did not reflect all of the current risks in the centre. This was the organisations system of ensuring that all serious or patterns of risks were escalated onto the provider as required.

Some residents required positive behaviour support and 1:1 staff supervision and on review the inspector found the one resident's support plan was not up to date. The inspector also found that there were some restrictive practices in place to safeguard residents from injury; however, there was no log maintained in the centre of the number and frequency of restrictive practices and evidence of annual reviews.

The inspector found the policies and procedures in place in this centre had ensured that residents' well-being was promoted at all times and that they received a good quality service. Residents received person centred care and support that allowed them to enjoy activities and lifestyles of their choice. There was evidence that the residents actively participated in their local community and were supported to do so by a structured and varied plan of activities.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training for staff in the in the centre.

The management team had taken measures to safeguard residents from being harmed or experiencing abuse. There was a safeguarding policy in place and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect. There were no concerns reported at the time of inspection.

Personal planning arrangements ensured that each residents' needs were subject to regular reviews, both annually and more frequently if required. The personal planning process ensured that sufficient supports were in place to assist residents in achieving their chosen goals.

The provider had ensured that residents had access to medical services to ensure that they received a good level of healthcare. All residents had access to allied health professionals; however, some residents were on waiting lists to access these services. Plans of care for good health were developed for residents, which identified their specific care needs and these needs were addressed as required.

Regulation 12: Personal possessions

Improvements had been made to the recording of residents finances since the last inspection. Residents had access to their personal possessions and retained control of their money and personal property. In addition, residents were supported to manage their finances in line with their needs and wishes.

Judgment: Compliant

Regulation 17: Premises

This is a large spacious two storey house, located in an estate in a town in Co. Mayo. The premises were of sound construction and well maintained and suitable for the residents living in the centre. All residents had their own bedrooms and shared communal rooms. One house had been painted internally since the last inspection and was neatly decorated and spacious. The inspector was unable to access the inside of the second house as the residents were not at home during the visit.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had implemented risk management procedures that identified, monitored and managed risk effectively. These arrangements were reflected in staff practices and knowledge and while risks were well managed in the centre, the risk register did not reflect all of the significant risks in the centre and required updating.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had appropriate systems in place to ensure that effective fire safety measures were in place in the centre. This included staff training and appropriate fire safety equipment as well as fire evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the involvement of each resident or their representatives, had taken place. Residents' personal goals were agreed at these meetings and short-term goals were developed at regular monthly intervals.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare plans and assessments were up-to-date and the residents were facilitated to access allied healthcare professional and to achieve best possible health. Three of the four residents had significant medical conditions and the inspector found the residents healthcare support was provided in line with their needs. For example, one resident had a visual impairment and another resident had a significant hearing loss and staff had ensured that they had the appropriate healthcare assessments completed and regular reviews as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

One resident's behaviour support plan was reviewed and it required updating to reflect the resident's current service provision and support needs. This was due to the resident moving house and the resident's support requirements changing as a result.

There were some restrictive practices in use in the centre, as a method of managing residents safety. However, they were not effectively assessed and reviewed and a record was not being maintained in the centre of the type and frequency of the restrictive practices in use.

Judgment: Not compliant

Regulation 8: Protection

The provider had systems in place to ensure that each adult was protected from

abuse and their safety and welfare was promoted. Residents told the inspector that they felt safe in this centre, although there were some ongoing compatibility issues arising between two residents in the centre, this was under review by the person in charge and not considered a safeguarding issue at present.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Westside Residential Service OSV-0001790

Inspection ID: MON-0025487

Date of inspection: 18/12/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charge has reviewed and updated the Risk Register so that all risks to individuals are set out, with existing controls fully listed. At present, there are no escalated risks in this service 31/01/2019</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Behavioural Supports Specialist has updated the Positive Behavioural support plan to reflect the current service and supports provided. 19/12/2018</p> <p>The Person in Charge has put a restrictive practice log in place that captures all restrictions. 02/01/2019</p> <p>The Rights Review Committee has reviewed the restriction in place. 31/01/2019</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/01/2019
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or	Substantially Compliant	Yellow	19/12/2018

	her representative, and are reviewed as part of the personal planning process.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/01/2019