

**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 Western Care Association
Centre ID:	OSV-0001783
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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:
06 July 2015 12:00	06 July 2015 18:30
07 July 2015 10:00	07 July 2015 15:00

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 an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members of the centre were also sought.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). This documentation was reviewed and was found to be satisfactory.

A number of relatives' questionnaires were received prior to the inspection which indicated a high level of satisfaction with the care and service provided to residents.

Evidence of good practice and compliance with the Regulations was found throughout the inspection. The building was maintained, comfortably furnished and equipped to meet the needs of residents. Residents were supported by staff to achieve the best level of health and social care and their rights and dignity were respected. The provider and management team had measures in place to ensure the safety of residents. There were strong governance arrangements and there were sufficient and suitable staffing levels.

The identification of crushed medication for administration required improvement and some improvement was also required to the statement of purpose and the contract of care.

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 found that there were measures in place to advise and include residents in how the centre was run. Staff established residents' views and preferences through observation and by responding to residents' response to choices offered to them. Staff were observant of residents' needs and advocated for them as required.

For example, staff had noticed that residents had difficulty accessing the local cash machine and had made representation to the local authority on behalf of the residents to have this addressed. As a result the matter was suitably resolved by the provision of a wheelchair ramp adjacent to the machine.

Although formal residents meetings had not taken place in the past, staff and the management had been working on the introduction of monthly meeting in a format accessible to residents. One of the staff was taking a lead on this project, in conjunction with the organisation's behaviour support officer. She explained that the meeting would have a simple, easy to follow format and would be delivered in a sensory way. She explained that light music, picture cues and photographs would be used. The first meeting was planned for the coming week and the agenda included an introduction to the purpose of the meetings, the HIQA inspection and meal choices.

Although the management team had a positive attitude to receiving complaints, no complaints had been received to date. There was a suitable complaints recording system available for use if required. There was a complaints policy, in a clear, accessible format, which included details of the designated complaints officer and appeals process. The complaints procedure was displayed in a central area where it was accessible to residents, families and visitors.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All doors were closed when personal care was being delivered. All residents had single bedrooms. An intimate personal plan had been developed for each resident to ensure that privacy was respected and to protect the resident from any risk during the delivery of intimate care.

Each bedroom had been personalised with pictures, family photos and items of individual interest. There was specialised assistive equipment provided in bedrooms and bathrooms to enhance residents' autonomy and independence.

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):

Findings:

This outcome was not assessed at the monitoring inspection undertaken in the centre in July 2014.

There were systems in place, appropriate to residents' abilities, to assist and support residents to communicate.

Staff who spoke with the inspector were aware of the different individual communication needs of each resident. Each resident had a communication profile documented in their personal plan which detailed their specific communication needs. Objects of reference and pictures were in use to communicate with some residents. For example, a selection of colour picture cards and cues had been developed for one resident by which staff communicated everyday activities, such as a picture or a model of a bus to indicate they were going out.

Signage throughout the centre was clear and pictorial images were used on doors of rooms to indicate their use.

All residents had access to televisions, radio and music. One resident liked quietness and gentle music. This was recorded in the personal plan and was assured by staff.

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):**Findings:**

This outcome was not assessed at the monitoring inspection undertaken in the centre in July 2014.

Residents were supported to maintain relationships with their families and involvement in the local community.

There was an open visiting policy and family and friends could visit at any reasonable time. Staff confirmed that residents received regular visits from friends and family. Families were invited to attend events in the centre, such as birthday parties, Christmas parties and Christmas Mass. Staff arranged for residents to meet up with family members regularly throughout the year. This usually took the form of a social outing or meal in a restaurant or hotel. Families were also invited to attend and participate in residents' annual individual planning meetings and the review of residents' personal plans. Records indicated that families were kept informed and updated of relevant issues. All residents visited either of two day services each weekday.

Residents had good access to the local community. They were supported by staff to go on day trips in the local area and to visit the hairdresser, church, shops, pharmacist or doctor and to dine out in local restaurants and coffee shops. During the inspection residents had been to visit a garden centre where they had had refreshments.

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):**Findings:**

This outcome was not assessed at the monitoring inspection undertaken in the centre in July 2014.

Contracts for the provision of services were agreed with each resident. The inspector reviewed some contracts which were presented in a clear, easily readable format with large print and pictorial symbols. They included the services to be provided and the fixed fees to be charged. However, there were some services necessary to residents which were not included in the fee and which required additional payments and these were not reflected in the contracts. The person in charge was preparing an appendix to the contract to reflect these services which required additional payments.

There had been no recent admissions to the centre as all of the residents had lived in this accommodation for in excess of 15 years and there were no plans at present for future admissions.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

Findings:

This outcome was not assessed at the monitoring inspection undertaken in the centre in July 2014.

The inspector found that each resident's social wellbeing was maintained by a high standard of care and support. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre and in the community.

Each resident had a personal plan which contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and identified life goals. Each resident had an identified circle of support consisting of their families and key workers.

There was an annual meeting for each resident attended by the resident, his/her family and support workers to discuss and plan around issues relevant to the resident's life and wellbeing. Additional review meetings were also held throughout the year to assess progress in achieving goals and to review the resident's general health and welfare.

There were a range of activities taking place in two local resource services and residents' involvement was supported by staff. Staff also supported residents' access to the facilities in the local community such as shopping, eating out, meeting their families and leisure outings. There was a bus available to transport residents to day services or other activities they wished to participate in. Arrangements were also made for residents to take holidays and two residents had taken a holiday in a service in another area which had suitable facilities to support their needs. A hotel visit and family get-together had also been organised and supported by staff for a resident.

Staff endeavoured to plan recreation suited to each resident's abilities and preferences. Staff noted that one resident enjoyed quietness, being outdoors and lights. To provide enjoyment for this resident a staff member had suggested a sensory garden close to the building and this had been developed.

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 building was well maintained, comfortable and met the needs of residents. It was located close to a town with a range of local amenities which the residents were supported to access. The house was single story and both the building and grounds were wheelchair accessible throughout.

There was a variety of communal day space including a large sitting room and a sun room. All rooms were bright, spacious and comfortably furnished. There was a separate open plan kitchen and dining room. The kitchen was well equipped, maintained in a clean condition and there was a plentiful supply of food available. There were separate well equipped laundry and sluice rooms as well as office and toilet facilities for staff.

There was an adequate number of baths, toilets and showers with suitable assistive equipment to meet the needs of residents. Service records of equipment, such as ceiling hoists, specialised chairs and beds, water treatment and boiler servicing, were reviewed and found to be up to date. Since the last inspection renovations to improve the level of comfort and accessibility to residents had been completed. Some bedrooms had been extended to provide additional space for assistive equipment and bedroom and bathroom doors had been widened to provide improved access and egress. In addition, temperature control valves had been fitted on all wash hand basins and showers to control the risk of scalding.

A good standard of hygiene was noted and there was appropriate heating, lighting and ventilation. An exterior building was also available for storage and there was a gym for group gatherings and exercise equipment. The gym was also the designated assembly point in the event of an evacuation. The hydrotherapy pool in the adjoining building was no longer in use as there was maintenance work required to the building.

The centre also had a multi sensory room, equipped with a fusion of sensory experiences such as music, lighting and touch. Staff said that residents found this room very relaxing and they enjoyed spending time there. The person in charge confirmed that the management team had identified the benefit of staff training in use of this facility to enhance the therapeutic value of this room for residents. This training was being organised.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management*The health and safety of residents, visitors and staff is promoted and protected.***Theme:**

Effective Services

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

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

Findings:

The inspector found that the health and safety of residents, visitors and staff was promoted and protected and that the risk related issues identified during the last inspection had been addressed.

A safety statement and risk management policy and risk register were in place which set out the risks in the centre and the associated control measures. The risk management policy identified the procedures for the identification and management of risk in the centre. An individual risk management plan had been developed for each resident and was incorporated with the residents' personal planning documentation. There was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation. Individual evacuation plans had also been developed for each resident. Staff who spoke with the inspector were very aware of the evacuation needs of each resident. There was a separate missing person profile folder containing identifying information for each resident.

Since the last inspection guidance on the infection control measures in relation to laundry had improved. The person in charge had developed a detailed procedure to guide staff on infection control measures and staff who spoke with the inspector very familiar with the procedures in place in the centre for handling contaminated laundry. There was a well equipped laundry room and a separate sluice room. Each resident's clothing was laundered separately.

The inspector reviewed fire safety policies and procedures. There were up to date servicing records for all fire fighting equipment and the fire alarm system. All staff had received formal fire safety training and regular fire drills took place, both in daytime and during the night, involving all residents and staff. Records of all fire drills were maintained, which included the time taken and comments recorded for learning. Staff who spoke with the inspector confirmed that they had attended fire training and they explained what to do in the event of a fire.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This outcome was not assessed at the monitoring inspection undertaken in the centre in July 2014.

The inspector found that measures were in place to protect residents from being harmed or abused.

There was an adult safeguarding policy and there was a training schedule which ensured that each staff member attended training in prevention of abuse at three year intervals. The management team had recently reviewed the response to allegations of abuse and had arranged additional training for staff to strengthen this process. Staff who spoke with the inspector confirmed that they had received recent training in relation to adult protection and were knowledgeable regarding their responsibilities in this area. They also stated that they were familiar with the policy and could access it if required.

There was a policy on responding to behaviours that challenge to guide staff, although at the time of inspection none of the residents in the centre displayed behaviours that were challenging.

Some residents used bed rails while in bed and seat belts while seated in wheelchairs and specialised chairs for safety. Assessments were undertaken to identify any potential risks associated with the use of bed rails and the occupational therapist carried out assessments and ongoing reviews of all residents to ensure that use of seat belts would be safely implemented.

The inspector found that residents' finances were managed in a clear and transparent manner. All money was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed. Receipts were maintained for all purchases.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

This outcome was not assessed at the monitoring inspection undertaken in the centre in July 2014.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All required incidents and quarterly returns had been notified to the Chief Inspector.

The inspector reviewed the incident book and noted that comprehensive details of all incidents, how they were managed and preventive measures introduced were maintained.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

This outcome was not assessed at the monitoring inspection undertaken in the centre in July 2014.

The inspector found that residents were supported to achieve their full potential. All residents had ample opportunities for new experiences and to develop further skills as appropriate to their abilities.

For example, one resident brought her own laundry to the laundry room with the support of staff. The physiotherapist who visited the residents in the centre assessed residents and developed appropriate exercise plans for them. Staff supported and encouraged residents to carry out these exercises.

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):

Findings:

This outcome was not assessed at the monitoring inspection undertaken in the centre in July 2014.

The inspector found that residents' healthcare needs were well met and they had access to appropriate medical and health care services.

All residents had access to general practitioner (GP) services. The GPs called to the centre as required, or residents could visit the GP in the local town. An inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis and outcomes of reviews were recorded.

Residents had access to a range of health care services including physiotherapy, speech and language therapy, occupational therapy, behaviour support, psychology and psychiatry and referrals were made as required. Records of other health care checks and interventions, such as cholesterol tests, dexta scans, tetanus injections and 'flu vaccines, were also maintained. Dental and optical care was also provided to residents. Chiropody and a dietetic service were available by private arrangement.

The inspector noted that residents' nutritional needs were well monitored and staff stated that none of the residents were experiencing significant nutritional issues. All residents were weighed weekly. Some residents who had previously been losing weight had been reviewed by a dietician whose recommendations were implemented. For example, the inspector viewed the file of one resident who had been losing weight and found that a dietary plan had been developed and that the resident's weight had stabilised.

All of the residents were regularly assessed by the speech and language therapist who

had made recommendations for appropriate food and fluid textures. This information was recorded in residents' health care plans. All staff had received recent training in eating, drinking and swallowing and staff who spoke with the inspector were very clear on each resident's dietary requirements. Modified consistency diets were suitably prepared and presented to residents. There was a four week diet plan in place which offered a variety of meals.

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):

Findings:

This outcome was not assessed at the monitoring inspection undertaken in the centre in July 2014.

The inspector found that there were generally safe medication management practices in place, but improvement was required to the prescribing and administration of crushed medication.

There was a medication management policy guiding practice. Training records indicated that all staff who were involved in medication administration had received medication management training and staff who spoke with the inspector demonstrated a good knowledge of medication administration. There were appropriate systems in place for the ordering, storage and return of medications. Each resident had a secure individual medication cupboard. Some residents were supported by staff to go to the local pharmacy to collect their own medication and the pharmacist called to the centre monthly and was available to meet with residents and/or their families.

The inspector reviewed a sample of prescription/administration charts and noted that they contained most of the information required to enable staff to safely administer medications. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There were colour photographs of each resident available to verify identity if required. The maximum dosage of as required (PRN) medications was prescribed and clear and informative protocols for the administration of PRN medications had been supplied by the pharmacist.

Some residents required their medication to be administered crushed. These medications had not been individually identified as such on the prescription sheets. However, the pharmacist had reviewed these medicines and had prepared informative protocols to guide the staff on their administration.

The person in charge had systems in place to oversee the quality and safety of medication management. Staff carried out a monthly stock control check on the delivery of medication. The person in charge also carried out a monthly audit on all aspects of medication and the results viewed indicated a high level of compliance.

At the time of inspection there were no residents prescribed medication requiring strict controls.

Assessments had been undertaken for all residents to establish their suitability for self-administration of medication.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

Findings:

This outcome was not assessed at the monitoring inspection undertaken in the centre in July 2014.

The inspector found that the statement of purpose described the services provided in the designated centre and met the majority of the requirements of the Regulations. However, some required information, such as details of the facilities and services provided to meet the care needs of residents and the full-time equivalent for one staffing grade, was absent.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Effective management systems were in place. The person in charge was not present at the time of inspection, but her deputy was knowledgeable about the requirements of the Regulations and Standards, and had a very good overview of the health and support needs and personal plans of residents. The inspector had met the person in charge during a previous inspection and had found that she was suitably qualified and experienced. The person in charge was also the manager of another service in the area and her line manager explained how this was implemented in practice. During the inspection there was no evidence that this arrangement had impacted negatively on the person in charge's role in the management of this service.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The person in charge received regular support from the regional service manager. She attended monthly meetings with her the regional service manager and other social care leaders in the organisation. The regional service manager, on behalf of the provider, had carried out an annual review of the service, which reported on all aspects of compliance with the Regulations and actions taken. A mid-year review of the report was also undertaken.

The person in charge was involved in a range of quality assurance and improvement measures in the centre, including regular fire safety checks, reviews of accidents, incidents and complaints, risk identification and reviews of personal plans. There were fortnightly leadership meetings taking place in the organisation chaired by the provider nominee and attended by regional managers and heads of departments such as training, health and safety, social work and finance. Findings from all audits were compiled by the organisational incident management group and presented for discussion quarterly at the leadership meetings.

The person in charge also worked closely with residents and their families. Support services were available within the organisation, including behaviour support services, a social worker, physiotherapist, financial controller and a health and safety officer.

Judgment:

Compliant

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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):

Findings:
This outcome was not assessed at the monitoring inspection undertaken in the centre in July 2014.

The management team were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

Suitable arrangements were in place to cover the absence of the person in charge.

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):

Findings:
This outcome was not assessed at the monitoring inspection undertaken in the centre in July 2014.

The inspector found that there were sufficient resources to support residents to achieve their individual personal plans. There were no resource issues identified during the inspection that impacted on the delivery of appropriate service or provision of suitable care to residents.

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):

No actions were required from the previous inspection.

Findings:

The numbers and skill mix of staff were appropriate to the assessed needs of the residents.

The inspector reviewed the staff rosters and found that staffing allocations were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines. Staff who were present at the time of inspection were professional in their approach and interacted with residents in an informed and caring manner. There were sufficient staff present throughout the inspection to support residents' social and care needs.

The person in charge had carried out a training needs analysis and had identified training relevant to the needs of this service. Records of staff training were maintained. The inspector reviewed these and found that staff had attended relevant mandatory training in fire safety, protection and moving and handling. Staff had also attended other training appropriate to their roles such as infection control, epilepsy management, eating, drinking and swallowing, and use of physical restraint. Some staff had also received training in medication management. Bereavement support had also been offered to all staff following the recent deaths of some residents in the centre.

The inspector found that staff were appropriately supervised and the person in charge also held quarterly supervisory meetings with each member of staff.

The inspector found that staff had been suitably recruited. There was a staff recruitment policy in place. The inspector reviewed a sample of staff files which contained all the information as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, such as two references and photographic identification.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

This outcome was not assessed in full at the monitoring inspection undertaken in the centre in July 2014.

The inspector found that the records required by the Regulations were maintained in the centre.

During the course of the inspections a range of documents, including the residents guide, medical records, directory of residents, staff recruitment files and health care documentation, was viewed and was found to be satisfactory. All records requested during the inspection were made readily available to the inspector. Records were clear, organised and securely stored.

All policies as required by Schedule 5 of the Regulations were available and up to date.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jackie Warren
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 Western Care Association
Centre ID:	OSV-0001783
Date of Inspection:	06 July 2015
Date of response:	28 July 2015

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 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:

Details of charges for some additional services are not covered in the contract of care.

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

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

charged.

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

The PIC had updated each Individual Service Agreement with an appendix to reflect the additional payments paid by service user on a monthly basis. A copy of this appendix will be sent to families until the agreements are reviewed and updated. This will be in place by 31/07/2015

Proposed Timescale: 31/07/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Staff were administering crushed medication to residents although it was not prescribed to be administered as such.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The person in charge will ensure that each individual prescription sheet will be amended to reflect that where medication is required to be crushed it will be written on the prescription beside each medication for each individual. This will be completed by 10/08/2015

Proposed Timescale: 10/08/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include all the information required by the Regulations.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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 statement of purpose has been amended to reflect the information required to meet the regulations to ensure that the details of the facilities and the services required to meet the care needs of individuals. A copy of the updated statement of purpose has been submitted to the authority on the 28 July 2015.

The full time equivalent has been included for the staff grade as required

Proposed Timescale: 31/07/2015