

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Western Care Association
<b>Centre ID:</b>	OSV-0001789
<b>Centre county:</b>	Mayo
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Western Care Association
<b>Provider Nominee:</b>	Bernard O'Regan
<b>Lead inspector:</b>	Nan Savage
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	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:
27 October 2015 17:55	27 October 2015 19:30
28 October 2015 08:45	28 October 2015 18:00

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**

The provider has applied to register four beds, in a full time residential capacity in this designated centre which currently has no vacancies. As part of this inspection, the inspector met residents, staff and members of the management team, along with reviewing relative questionnaires and documentation such as care plans, personal plans, policies and procedures.

There was evidence of a high level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector found that the care and support provided to residents in this centre was of good quality. Staff supported residents to maximise their independence. Residents participated in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to develop new skills. Residents had good access to their local community due to the location of the centre and supports put in place by management and staff.

The provider and management team had taken measures to protect the safety of residents although some improvement was required to ensure each resident's individual needs were sufficiently met.

The centre had a hospitable atmosphere, was suitably furnished and maintained in a clean and hygienic condition.

The inspector found that there was an adequate number of staff on duty to support residents to realise their goals, and to ensure care plans were adequately implemented. Management systems and structures were in place to ensure the centre was continuously monitored in relation to the quality and safety of care provided to residents.

The findings of this inspection are outlined in the following report, and in the action plan at the end.

**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):**

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

**Findings:**

Effective measures were in place to respect residents' privacy and dignity and support them to exercise choice and control over their life in line with preferences and to maximise independence. There was a complaints process that had been appropriately implemented.

Where possible, residents and/or their representatives were consulted in how the centre was operated and there were examples that daily happenings in the centre were centred around the resident's needs. The inspector found that residents were involved in the running of the centre for example, shopping and choosing their own meals, picking furnishings and the colour of their bedroom. Residents' meetings took place regularly and were used as an opportunity for residents to feedback on the service and inform decision making. Residents were also informed of any changes to the service and made aware of any upcoming events.

The inspector found that staff regularly consulted with residents during the inspection and explained various activities that were going to take place including different stages of food preparation and events happening during the day.

Residents' rights were promoted and supported by the provider, person in charge and staff. Residents had a comprehensive personal risk management plan in place that included the strategies in place to balance the safety of the resident and support their rights. An individualised assessment of the resident's rights had been completed which considered any restrictions that were in place. A process was in place to ensure that the findings of this assessment were reviewed by the organisation's rights review committee and that any recommendations put forward by the committee would be reviewed.

The centre had a complaints management system in place, which included a complaints policy and procedure that meet the requirements of the Regulations. The complaints policy provided guidance on the management of complaints. The complaints procedure was written in a legible format, including pictures and photographs, and was designed to be clear and accessible. This procedure was readily displayed in a prominent location in the centre. There was a complaints log book available to record complaints and the inspector found that a small number of complaints had been received. Any issues raised had been responded to and resolved by the person in charge at the time of the complaint and regional service manager.

An advocacy forum had been established within the organisation and arrangements had also been implemented in this centre to facilitate easy access to an advocacy service. The inspector was told and documents confirmed that an independent advocate had visited the centre and spoke with residents at one of the residents' meetings. This advocate was also providing additional supports to one of the residents.

Staff engaged with residents in a respectful and caring manner that also supported the dignity and privacy of the resident. Intimate care plans were in place that directed staff with residents' personal care needs and provided protection for the resident from any risk during the delivery of intimate care. Staff were familiar with these plans and had used the organisational policy on intimate/personal care to develop this plan. Private information that related to residents was safely stored to ensure confidentiality and data protection.

Residents' belongings were respected and safeguarded by management and staff. Each resident had a single bedroom which was individualised to their personal tastes with photographs, pictures and belongings that had importance to the resident. There was a lockable cupboard in each bedroom, in which residents could store personal belongings. Residents also had ample space to store their personal belongings including clothes. The inspector saw that staff took care with residents' belongings and ensured they were stored in a neat and tidy manner.

Staff spoken with displayed comprehensive knowledgeable of residents' needs and wishes and this corresponded with information and guidance that was recorded in the residents associated care plans and recorded into their daily notes.

Residents' civil and religious rights were respected and supported. At the time of inspection Roman Catholicism was the only religion being practiced in the centre. Residents were assisted to visit the church and supports were in place to enable residents to attend religious services including weekly mass.

**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):**

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

**Findings:**

Systems were in place to assist and support residents to communicate.

The inspector viewed a sample of residents' personal plans and found that each resident had a communication system developed. This included a communication profile which had identified the resident's communication needs. The speech and language therapist (SALT) had been involved in the development of some residents' communication plans however, there was no evidence of recent involvement for a resident that was identified as benefiting from SALT input including assessment for the use of assistive technology. A required action relating to this matter is included under Outcome 11. The person in charge and staff spoken with described residents' individual communication requirements. Pictorials and visual boards were used with some residents to assist them to understand available choices and make decisions.

A variety of information was displayed in accessible format on the notice board including community news and coloured pictures of staff on duty during each shift. Pictorial images were used to identify the function of different presses in the kitchen and the use of the different rooms in the centre. Residents' bedroom doors were also personalised with their photograph and this was carried out with their consent. A range of easy to read policies and procedures were also available for residents which included good use of pictorials and plain English.

All residents had access to televisions, radio, telephone, postal service, newspapers and magazines. Residents also had the option to video call their relatives and the inspector noted that some residents had used this technology to keep in contact with loved ones.

**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):**

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

**Findings:**

Residents were actively supported to develop and maintain personal relationships and links with the wider community. Each resident was also supported to interact in the local community in a manner that was safe for them and fulfilled their wishes.

There was a visitors policy that informed practice. Family and friends could visit and the person in charge ensured that a log of all visitors to the centre was maintained. The person in charge confirmed that private space was made available within the centre for residents to meet visitors in private, if they wished. Some residents also visited and stayed with family members regularly. Each resident was supported by staff to identify important people in their lives and this information had been used to develop a social network communication plan with details on how these people could be contacted. Questionnaires identified that residents' families felt welcome to visit their family member in the centre.

Residents were supported to maintain friendship with those they lived with in the past, where deemed appropriate. Staff confirmed that most residents using this service had lived together for a considerable number of years and knew each other very well. Residents visited day services each weekday where they had the opportunity to meet with and socialise with friends.

The inspector viewed records in residents' files that confirmed family were involved in the residents' annual assessment goal setting. Each resident had an identified 'circle of support' that included their families and key workers. Families/representatives were invited to attend and participate in residents' 'circle of support' meetings and the review of residents' personal plans and help plan out the residents' goals for the coming year. There was evidence that these groups met to discuss and plan around areas relevant to the resident's life and well-being.

Residents were supported to attend various types of events including arts and crafts, local concerts, shows at the theatre, the cinema and leisure facilities. Residents also went on bus trips to areas of local interest, frequently visited the shops and went for walks in the town.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services



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

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

**Findings:**

There was a centre policy on the admission, discharge and transfer of residents. The centre provided long term accommodation for four residents and the person in charge confirmed that contracts for the provision of services were agreed with each resident. The inspector viewed a sample of these contracts and found that they dealt with the services to be provided and the fees to be charged, including the details of additional charges.

**Judgment:**

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):**

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

**Findings:**

Residents' social well-being was maintained by a high standard of care and support. Residents' individual needs and wishes were kept under review and used to inform their personal planning. Residents were facilitated the opportunity to engage in interests appropriate to their individual preferences both within the centre and in the community.

The inspector viewed a sample of residents' files and noted that each resident had personal plans entitled 'My life, My plan' which detailed important information about the residents' backgrounds, their preferences, likes/dislikes and people important in their lives along with details on what was important to the resident now and in the future. The plans which were developed in consultation with the resident and/or their representative and set out each resident's individual needs, personal outcomes life goals, were kept under review. Residents social care needs were met through appropriate assessments and plans, with weekly planners implemented to ensure residents' individual preferences and likes were met.

Residents were supported by the person in charge and staff to access activities both within the centre and in the local community. This included arts and crafts, bowling, visiting the local library, playing musical instruments and attending plays and social events including festivals, concerts, exhibitions and parties.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that overall the design and layout of the centre was suitable to meet the collective and individual needs of residents. The centre is located in a quiet cul-de-sac and within walking distance of a large town.

While there was evidence of ongoing maintenance both internally and externally, some areas were identified by the inspector as requiring review. The inspector noted that the boiler had not been serviced when required. The main bathroom was dimly lit and did not support residents' independence and safety. The person in charge addressed this issue on inspection.

Overall, there was a good standard of cleanliness in the kitchen but areas required attention. The inspector saw that the floor covering in some areas of the centre had been stained and was no longer readily cleanable. A build up of cobwebs and dirt was noted in the outside shed used to store cleaning equipment and this was brought to the attention of staff during inspection.

The inspector found that each resident had their own bedroom along with access to communal space and a kitchen cum dining room.

**Judgment:**

Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

**Theme:**

Effective Services

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

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

**Findings:**

There were systems in place to protect the health and safety of residents, visitors and staff although improvement was required to promote the safety of residents. The inspector read that prior to the inspection, management within the organisation had identified most of the improvements that were required.

There was a risk management framework in place that included an organisational and localised health and safety statement, a risk management policy and formalised precautions for specific risks identified in the Regulations. The risk management policy provided guidance on areas of risk management such as risk assessment, development of personal risk management plans and balancing residents' safety and rights.

The person in charge had kept the risk register under review and there were documented measures in place to control identified risks including the risks specifically mentioned in the Regulations. The person in charge had undertaken hazard identification and risk assessment within different areas of the centre and external areas. The inspector found that the person in charge had most recently reviewed these assessments in September 2015 and updated them accordingly with additional control measures that were required including the installation of thermostatic control valves in specific areas and fitting of a hand rail to the stairs. However, some risks that had been identified, had not yet been addressed including the uneven surfaces in the rear garden and unsafe gate and fence in this area.

In addition to environmental and clinical risks, individual risks specific to each resident were identified and control measures documented in residents' personal risk management plans. The inspector viewed some of these plans and found that they provided detailed guidance for staff to promote the health and safety of residents.

Fire safety policies and procedures were in place and overall used to inform practice. However, some issues were identified on inspection that placed residents at potential harm in the event of an emergency. The inspector saw that emergency signs were not displayed at emergency exits and that some of the doors did not provide adequate fire proofing. During the inspection, the person in charge responded promptly and by the end of the inspection measures had been taken to largely address these issues. The inspector noted that the provider had put in place a timeframe of 10 days to ensure that adequate fire doors were fitted, where required.

Other adequate fire safety measures were in place. For example, 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. From the sample of records viewed by the inspector,

fire evacuation drills took place regularly, one of which was during night-time hours, involving residents and staff. Personal evacuation plans had been developed for each resident and provided clear guidance to staff on residents' individual requirements. Fire safety checks took place on a regular basis including checks of the fire extinguishers. The procedures to be followed in the event of fire were prominently displayed in the centre.

An emergency plan was in place that provided clear guidance to staff in the event of various emergencies. The plan included arrangements for alternative accommodation and emergency transport in the event of evacuation.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

Residents were protected and safeguarded from abuse or harm in the centre although some areas required review to ensure robust measures were in place.

There were comprehensive policies in place to guide staff on the prevention, detection and response to abuse which the person in charge and staff spoken with described clearly to the inspector. From speaking with staff and viewing training records all staff had completed training on the safeguarding of residents. However, as noted under Outcome 9, an allegation of abuse had not been submitted to the Chief Inspector, as required. The inspector noted that a number of measures had been taken to safeguard the residents and a safeguarding investigation was still under-way.

There were policies in place to guide staff on responding to behaviours that challenge and restrictive procedures. At the time of inspection there were no resident presenting with behaviours that challenge. The inspector found the centre to be promoting a restraint free environment, with no chemical or physical restraints in use on the days of inspection.

Systems were in place to safeguard residents' finances. There was a policy on the management of residents' monies including belongings and valuables. Residents' money was safely stored in lockable storage that was kept in the resident's bedroom. The inspector viewed a sample of financial records and found that the records corresponded with receipts and the balance spot checked by the inspector in conjunction with the person in charge. The person in charge regularly monitored residents' finances and an audit has also been completed by the organisation's financial controller. However, the inspector noted that some records of residents' transactions had not been maintained up to date.

The inspector also noted that as recommended by an external advocate, a support plan had not been developed to assist a resident with their understanding of money and costs.

**Judgment:**

Substantially 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):**

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

**Findings:**

The inspector reviewed practice in relation to recording and notifications of incidents and found that some improvement was required in relation to submission of all notifiable events.

While the person in charge was familiar with the legal requirement to notify the Chief Inspector regarding specific incidents and accidents the inspector found that an allegation of abuse had not been submitted, as required by the Regulations. This was brought to the attention of the person in charge and regional service manager who submitted the relevant notification to the Chief Inspector.

The inspector read a sample of incident records and found that required information was well documented. The incidents were reviewed by management to identify any possible learning outcomes including preventative measures that would improve service delivery.

**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):**

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

**Findings:**

Residents had opportunities for new experiences and were supported to develop choice making abilities along with skills teaching for daily living. The inspector found that there were development opportunities available to residents within the centre, in the local area and through day services that residents attended.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

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

**Findings:**

Arrangements were in place to support residents' health care needs although improvement was required to ensure residents had timely access to relevant services.

Each resident had access to general practitioner (GP) services that included an out of hour's service. Residents had access to a range of allied health professionals such as speech and language therapy, chiropody, dentistry and social care team. Records of referrals and appointments were maintained and recommendations were reflected in the resident's personal plan. However, while the person in charge and staff had identified the need for a sensory assessment from a qualified health professional this had not been provided. Also, as detailed under Outcome 2, there was no evidence of recent SALT input to develop communication abilities.

The inspector found that an annual multidisciplinary review of residents took place

which included the resident where possible, family, relevant members of the staff team and management. Each resident had an annual action plan in place that was kept under review. A health action plan had also been put in place that detailed specific areas and conditions that required close monitoring, the possible affect on the resident and their support requirements.

Residents' nutritional needs were being met and there was evidence that residents were encouraged to make healthy eating choices. The inspectors found that measures were in place to monitor residents' nutritional status and staff demonstrated knowledge of residents' dietary requirements. A nutritional assessment had been completed for each resident to identify if any resident was at nutritional risk. Referrals to the dietician or speech and language therapist had been made as required and recommendations had been used to inform practice. The inspectors saw that that a menu planner and weekly food journals were in place for residents along with specific guidelines for residents on modified diets, where applicable.

Residents were supported by staff to participate in food preparation and cooked, where possible. A resident communicated to the inspector that he/she enjoyed their meals. Pictures of meals choices were also used to assist some residents to make food choices both within the centre and out in the community.

Residents had ready access to the kitchen, drinks and snacks at all times and this was observed during the inspection.

**Judgment:**

Substantially Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that there were generally safe medication management practices that were informed by the centre's medication management policies and procedures. Training records showed that staff who were involved in medication administration had received medication management training and staff spoken with were familiar with their role and responsibility regarding medication management.

The inspector viewed a random sample of residents' prescription/administration charts and found that they contained required information to enable staff to safely administer

medications. Each medication was individually prescribed and reviewed by the GP (general practitioner) when required. Processes were also in place to support residents' to self administer their own medications. However, the inspector noted that one resident's medication was administered by staff at a different time than that prescribed by the resident's GP. A required action relating to this is included under Outcome 18.

Medication was appropriately supplied and safely stored in the centre. In addition, the inspector noted that adequate arrangements were in place with the pharmacy to ensure the safe return and disposal of medication.

Each resident had a medication folder that included important information relating to the resident's medications such as PRN (as required medications) protocols and other information to ensure staff were fully aware of what the medication was and possible side effects. The person in charge had also developed user friendly pictorials to assist residents in communicating with staff any side effects that they may experience.

At the time of this inspection there were no resident prescribed medications requiring strict controls or refrigeration. Associated procedures were in place to guide practice if these medications were required.

There were regular reviews and audits of medication including stock control and PRN audits. The person in charge had also implemented a system for reviewing and responding to medication errors.

**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):**

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

**Findings:**

There was a written statement of purpose in place that described the services provided and complied with most of the requirements of the Regulations.

However, some improvement was required to ensure the statement of purpose complied fully with Schedule 1 of the Regulations. For instance, the size of some rooms in the designated centre had not been clearly detailed in this written document along with the maximum number of residents that the service can accommodate. The regional



manager and person in charge amended the statement of purpose during 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):**

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

**Findings:**

The provider had established a management structure, and the roles of managers and staff were set out and understood.

There was a full-time person in charge of the designated centre. The inspector found that she was very familiar with the residents' health and support needs. The person in charge was appropriately qualified and demonstrated the required competence and experience to run the centre. She was also knowledgeable about the requirements of the Regulations and Standards. The person in charge was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. She described how she reported to her line manager and felt supported in her role. The person in charge attended area monthly team meetings with her peers and showed the inspector a sample of minutes from these meetings. She described how this forum was used to share learning within the organisation and receive updates on any changes to policies and procedures.

The provider arranged for the centre to be audited twice yearly by managers within the organisation including the regional service manager. The inspector viewed a sample of these audits and found that findings had been used to improve the quality and safety of the service. The person in charge overseen the completion of required actions identified from these visits. The person in charge completed and kept under review a 'front line manager work plan' that was aligned to the Regulations. The inspector saw how she used this plan to monitor required improvements to the service. Additionally, the person in charge also completed reviews of accidents, incidents and carried out audits of areas including medication management and residents' finances.

The person in charge had undertaken an annual review for the centre but this was still in draft format. This review included initial consultation with some of the residents and their families.

**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):**

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

**Findings:**

The person in charge and management staff were familiar with the requirement to notify the Chief Inspector of the absence of the person in charge.

There were arrangements in place to cover the absence of the person in charge both during planned absence and out of hours. The person in charge was supported in her role by the regional service manager. The inspector had interviewed this manager on a previous inspection within this organisation, and found that she displayed good knowledge of the role and responsibilities of the person in charge under the Regulations. The regional service manager, who had represented the provider on that inspection, was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 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):**

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

**Findings:**

There was evidence of adequate resources to ensure effective delivery of care and support. The centre was adequately furnished and equipped and there were resources to facilitate residents' occupational and social requirements. The person in charge in conjunction with the regional service manager had the autonomy to put in place additional staff hours, as required. Suitable transport was provided and available for use by the residents when required.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector found that there appeared to be adequate staffing levels which were based on the needs of residents. Residents received continuity of care as there was a low turnover of staff. Staff rosters viewed by the inspector reflected staffing levels and skill mix that were on duty during the inspection.

On this inspection, the inspector found that there was a committed and caring staff team who worked to promote and protect the safety and well being of residents. The inspector saw that residents knew staff well and there was a nice rapport between residents and staff.

From documentation reviewed and from speaking with the person in charge and staff, the inspector noted that there was a variety of supports provided by health care professionals within the organisation. This included the services of an occupational therapist, physiotherapist, speech and language therapist, behavioural support and social work teams. The inspector saw evidence of their input into residents' personal planning and how this had brought about improved outcomes for residents.

The provider had facilitated and the person in charge had implemented a continuous staff training programme. The inspector noted that training needs analysis that had been completed for the centre and used to inform the training programme. Staff spoken

with and training records viewed confirmed that staff had completed up-to-date mandatory training and had been facilitated access to education and training to meet the specific needs of residents using this service. The organisation had identified fire safety, abuse prevention, behaviour that is challenging, manual handling and first aid as mandatory training.

Staff meetings took place regularly and were used to share information and ensure that staff were familiar with any changes in residents' care needs. The inspector viewed a sample of minutes and saw how the person in charge had used these meetings to share learning and follow up on identified areas for improvement. Copies of the regulations and the standards were available in the centre.

There were appropriate arrangements in place to ensure that all staff and volunteers received formal supervision and support on a regular basis. Staff reported and files viewed confirmed that supervision meetings took place regularly and were used to improve practice and accountability. Appropriate arrangements were in place for the recruitment and vetted of volunteers. The inspector noted that a very important service was provided by volunteers who visited residents regularly and engaged with residents in their interests and hobbies.

**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):**

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

**Findings:**

The inspector found that most residents' records were maintained in the centre in a manner to ensure completeness, accuracy and ease of retrieval. All records requested during the inspection were made readily available to the inspector. However, some improvement was required to ensure full compliance with the Regulations.

During this inspection a range of documents, including the Residents' Guide, directory of

residents, medical records, and health care documentation, were viewed and was found to be compliant.

All policies as required by Schedule 5 of the Regulations were available and up to date. However, as detailed under Outcome 12, one resident's medication was administered by staff at a different time than that prescribed by the resident's GP which was not in compliance with the medication policy.

Procedures were in place for the recruitment, selection and vetting of staff. The inspector viewed a sample of files and found that most of the required information as detailed in Schedule 2 of the Regulations had been obtained for each staff member. However, the inspector noted that a full employment history had not been obtained for one staff member to ensure there was a satisfactory history of gaps in employment.

Up to date insurance policy was available for the centre which included cover for residents' personal property and accident and injury to residents.

**Judgment:**

Substantially 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:***

Nan Savage  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Western Care Association
<b>Centre ID:</b>	OSV-0001789
<b>Date of Inspection:</b>	27 and 28 October 2015
<b>Date of response:</b>	03 December 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 06: Safe and suitable premises

**Theme:** Effective Services

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

The floor covering in some areas of the centre had been stained and was no longer readily cleanable.

**1. Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

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

The Person in Charge is sourcing non-slip floor covering. This floor covering will be laid by 15/01/2016.

**Proposed Timescale:** 15/01/2016

**Theme:** Effective Services

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

The boiler had not been serviced when required.

**2. Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The boiler was serviced on 30/11/2015.

**Proposed Timescale:** 30/11/2015

**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:**

Some identified risks to residents' safety had not been addressed.

There were uneven surfaces in the rear garden that included sections of the pathing lifting in areas.

The gate and fence at the rear of the garden were in poor condition and unsafe.

**3. Action Required:**

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

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

The Maintenance team have assessed the work to be undertaken in the rear garden, levelling the path and installing a new gate. This work will be completed by February 5th 2016.

**Proposed Timescale:** 05/02/2016

**Theme:** Effective Services

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

Some of the doors did not provide adequate fire proofing and this was verified in reports read by the inspector during the inspection.

**4. Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

On November 26th 2015 the doors leading from the corridor to the kitchen and from the kitchen to Utility room have been replaced with one hour fire doors.

**Proposed Timescale:** 26/11/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

As recommended by an external advocate, a support plan had not been developed to assist a resident with their understanding of money and costs.

**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:**

The Speech and Language Therapist commenced her assessment on Monday 23/11/15. Following the completing of this work she will advise staff on how best to support the resident understanding of money.

**Proposed Timescale:** 18/12/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The person in charge and staff had identified the need for a sensory assessment from a qualified health professional but this had not yet been provided.



There was no evidence of recent SALT input regarding residents communication ability.

**6. Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

A. The Person in Charge has sourced an Occupational Therapist to complete a Sensory Assessment. This will be completed on 29/01/2016

B. As in Outcome 8 Speech and Language therapist has commenced her assessment (23/11/15.)

**Proposed Timescale:** 29/01/2016

**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:**

The person in charge had started to complete an annual review for the centre but this was still in draft format.

**7. 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:**

The Annual Review is now completed and has been circulated to families.

**Proposed Timescale:** 30/11/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

One resident's medication was administered by staff at a different time than that prescribed by the resident's GP.

**8. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement

all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

As per organisation procedure an incident report was completed on this matter. In Support and Supervision the Person in Charge has addressed this error with the staff concerned.

The Person in Charge has brought this to the attention of all staff at a recent staff meeting on Monday November 23rd, 2015.

All staff have been instructed to re-read The Medication Policy this will be completed by December 11th, 2015.

**Proposed Timescale:** 11/12/2015

**Theme:** Use of Information

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

A full employment history had not been obtained for one staff member to ensure there was a satisfactory history of any gaps in this staff member's employment.

**9. Action Required:**

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 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:**

A full employment history for one staff member was completed on November 2nd, 2015.

**Proposed Timescale:** 02/11/2015