

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Riverside Residential Service
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:	Catherine Glynn
Support inspector(s):	Michelle McDonnell
Type of inspection	Unannounced
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 January 2017 10:00 To: 25 January 2017 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) and the National Standards for Residential services for Children and Adults with Disabilities. This inspection took place on the 25 January 2017 and was the third inspection of this designated centre.

How we gathered our evidence:

The inspectors met all four residents who resided in the centre during the inspection. All residents' had communication supports and staff facilitated communication with the residents. The inspectors met with staff members, observed practices and reviewed documentation such as admissions contracts, personal plans, healthcare records, risk assessments and minutes of meetings. The inspectors spoke with the person in charge and a person participating in management of the centre.

Description of the service:

The centre was home to four residents with a range of individual needs. The centre was located in Co. Mayo and was run by Western Care, who have a number of other

centres. The residents lived in a bungalow with wheelchair access throughout and adaptive equipment to facilitate the needs of each resident. The provider had produced a document called the statement of purpose, as required by the regulations. There was appropriate transport available to facilitate the residents' access to the local community.

The bungalow consisted of seven bedrooms, however only four bedrooms were in use. The centre had two communal bathrooms and a separate toilet. There was a large living room and kitchen diner available to residents, along with a separate sunroom. The outdoor space was accessible to the residents and there was a gym area for residents' use.

Overall Findings:

Overall, the inspectors found that the provider had arrangements to promote both the rights and safety of residents. In particular, staff described the centre as the residents' 'home'; planning was in place to improve the accessibility for the residents and information about the running of the centre was documented as being shared with the residents. The inspectors found that the provider had completed all the actions from the previous report and that they had also implemented their own improvements.

Summary of regulatory compliance:

The inspectors found compliance in nine out of ten outcomes inspected in relation to outcomes such as residents' rights, dignity and consultation; health and safety and risk management; safe guarding and safety and governance and management. Workforce was found to be substantially compliant.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included 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):

No actions were required from the previous inspection.

Findings:

The inspectors found arrangements in place to promote the rights, privacy and dignity of residents', and for residents to participate in decisions about their care and the organisation of the centre. All staff were observed interacting with each resident in a caring and supportive manner that reflected individual needs.

Each resident had access to their own personal plan, which was kept in their room. Residents had facilities to meet visitors in private and staff spoke of family involvement in the centre, such as birthdays and Christmas. Family members were also kept informed and could attend medical appointments with residents. The centre was running residents' meeting that were in an accessible format to residents. There was a pictorial booklet that explained the residents meetings and this supported the communication methods used by residents. Residents had a choice in how long and how often they attended these meetings. For example, a staff member spoke of a resident who only liked to attend parts of these meetings. Minutes showed that residents and staff attended and that social events, daily activities and the fundraising for the multi-sensory garden was discussed. There had also been recent job interviews for new staff, prior to one meeting, and this was discussed with the residents.

There was a clear complaints policy in the centre and an accessible format available on display to the residents. Both of these detailed the appeals process, and there was information on both advocacy and the confidential recipient. No complaints had been received for the centre and the staff were able to discuss cues they might identify, if they felt a resident was unhappy about something. The advocacy service had been used and both this and family involvement had been documented, in relation to the

appropriate use of a resident's finances.

All of the residents were supported to control their own finances and budget their own money. Each resident had their own bank account and kept money to use. This was documented and audited by staff and the person in charge. Charges incurred by residents were clearly outlined, in particular contributions to house purchases.

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):

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

Findings:

There was a policy in place for admissions, which was reflected in the statement of purpose, and was up to date.

The residents had been living in the centre for a number of years, and there had been no recent admissions. There were current written agreements and these had been signed by the residents' next of kin. Since the last inspection the written agreements included the financial contributions required from the residents.

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):

No actions were required from the previous inspection.

Findings:

There were personal plans available that reflected the arrangements to meet the assessed needs of each resident. Residents' and their family were involved in the development of these plans.

Personal plans reviewed by inspectors showed that multidisciplinary (MDT) input and family involvement had been incorporated and had been signed by family members. The plans showed that they had been reviewed annually and that this was supported by the current individual planning policy which was due for review in 2019.

Personal plans detailed specific MDT input, such as speech and language and occupational therapists. They also showed who was responsible for each action, and a time scale. There was also a four monthly progress update in place. The personal plans detailed individual likes and dislikes, preferred activities, communication strategies and family and friend relationships. There was a more accessible, pictorial format being rolled out that was more suitable for the residents. The activity time tables and the daily notes reflected the personal plan activities. Activity, staff and meal schedules were also on display in the residents' home. In a selection of plans a range of both community and centre based activities was detailed for each individual. Documentation showed, and staff reported, that this was varied to enhance the individual resident experience. For example some residents had aromatherapy apparatus in their rooms for supporting relaxation activities and one of the residents had a sitting room for their own use and was reported to use it frequently. During the inspection, inspectors observed staff members working individually with residents, in different areas of their home. Planning had identified that residents would benefit from improved outdoor space. Therefore the provider was working with other agencies to fundraise for a sensory garden.

Residents were supported to attend community activities such as swimming, shopping for the centre groceries, enjoying takeaways and visiting Knock.

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):

No actions were required from the previous inspection.

Findings:

There were appropriate procedures and policies in place to ensure the safety of residents.

Fire drills had taken place both during the day and night. There was evidence in records that subsequent fire drills had addressed issues found during a previous drill. Staff were able to discuss fire evacuation procedures, especially as all residents required support. There was annual and quarterly servicing of fire equipment and weekly tests on fire equipment. The fire exits were clear of obstruction, there was a gym available as a fire evacuation point and there were intumescent seals and working door releases throughout the centre. The centre also had individual evacuation plans available at the point of exit and there was a fire evacuation box available, which contained items such as individual information and a first aid box.

There were records of both individual and centre-based risks and a current risk management policy. The provider had identified night evacuation as a risk, however fire drills had shown that residents could be evacuated. The risk assessments within the centre also included the assessment of future risks, due to the changing needs of the residents. For example there were risks identified due to lack of space and a financial plan had been submitted to rectify this.

The centre used a variety of assistive equipment, such as slings and hoists. There were up to date servicing records for these items. The provider was also planning for the residents' future in that there was assistive equipment available that residents were not currently using but would require. There were also plans to make the bathroom more accessible and safer for residents use in the future. The centre had its own transport. One vehicle was out for repair, however, there was servicing records for all vehicles. The vehicle that had been used on the day of inspection had current NCT, insurance and tax documents. The provider also had a policy in place for staff driving and had copies of current driving licences on file.

The staff were aware of infection control measures, they could discuss appropriate hand washing techniques and there was suitable storage of cleaning equipment. For risks such as Methicillin-Resistant Staphylococcus Aureus (MRSA), staff spoken to were aware of procedures to follow.

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):

No actions were required from the previous inspection.

Findings:

Policies and procedures in the centre supported the safeguarding of residents. Staff members were observed to be working in a calm and friendly manner, with all residents in the centre. Staff spoken with were aware of the individual needs of residents and how to support them.

Most staff had received up to date training in safeguarding vulnerable adults, and staff spoken to were able to discuss indicators of abuse, who to report allegations to and how they would support the residents following a disclosure or suspicion of abuse. The centre had updated its policy in 2016 to reflect the national policy, and there was to be training on this. There were also measures to safeguard against financial abuse as there was an auditing system for residents' money.

There were restrictive practices used in the centre and these were documented, had MDT input and there were policies, such as a bed rails policy, that supported effective practice. Staff had received training in managing behaviours of concern. The inspectors also viewed a visual guide for staff and residents showing how to implement various restrictive practices.

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):

No actions were required from the previous inspection.

Findings:

There were comprehensive healthcare assessments available for all residents. These detailed all healthcare needs and supports that residents required. There was a general practitioner available to the residents who also attended the centre. There was also a chemist, who was familiar with the needs of the residents'. The plans showed that there was involvement from allied health professional such as dieticians, osteopaths and

occupational therapists. Plans showed that residents' had been facilitated to attend their appointments and family members were encouraged to accompany them.

The residents have a range of medical needs and there were policies and procedures in place to support staff. For example some of the residents required the use of specialised feeding equipment. There were guidelines available for staff, staff had received training and the equipment had been serviced.

Due to the diverse needs of the residents there were a range of policies and procedures in place, such as manual handling, intimate care and epilepsy care plans in place. Staff had also received training in these areas.

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):

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

Findings:

There were centre specific policies relating to the ordering, prescribing and administration of medication to residents. Inspectors found that staff adhered to these policies and that staff were trained in the safe administration of medication.

At the last inspection it was found that crushed medication was being administered, however this was not as prescribed. On this inspection medication was being administered as prescribed. Individual medication administration sheets were available and had been reviewed in December 2016. All residents' medication was stored individually and securely, there was a signature sheet and staff administering medication had signed the administration sheet.

There was a system in place to monitor and review any medication incidents. There had been one medication incident since the last inspection. There were stock controls for medications and the person in charge had completed medication audits. There was a fridge for medication which had temperature controls in place.

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):

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

Findings:

The inspectors found that the service was being provided as it was described in the statement of purpose.

On the previous inspection the statement of purpose did not contain all the information required by the regulations. On this inspection the inspectors found that the statement of purpose met these requirements. The provider had updated the statement of purpose and it now included the information from the certificate of registration.

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):

No actions were required from the previous inspection.

Findings:

There were systems in place in the centre to ensure that the service provided was safe, appropriate to the residents' needs and was monitored.

The person in charge was found to be suitable for their role. They were aware of the individual needs of the residents' within the centre, and had plans in place for their changing needs. Both individual and centre risk assessments had been completed and

risks had been reduced through appropriate actions. For example, there were procedures in place for the use of aromatherapy, which was widely used within the centre. They had completed a financial audit of the centre and audited residents' money on a monthly basis. A number of other audits including incident reviews, and health and safety audit had been completed. The person in charge had completed supervision with the staff and had received supervision.

There was a person participating in management available in the centre on the day of inspection. They were interviewed for this role as they had recently taken up this position. They were found to be suitably qualified for the role and knowledgeable of the centre and the regulations.

The provider had completed six monthly unannounced audits and the annual report was available to view on inspection. This included satisfaction surveys, family consultation and actions 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):

No actions were required from the previous inspection.

Findings:

The staffing and skill mix in the centre was sufficient to meet the needs of the residents and was reflective of the statement of purpose.

The staffing levels facilitated the use of a staff member to work in the centre during the day and complete preparation activities or help with the day services. This allowed the residents to be supported on their return from day services with individualised activity programmes both within the centre and the community. The use of link workers was also described to the inspectors, for example a key worker and link worker were working together to provide access for one resident to a new community group that was being set up. The aim of the group was for all men in the community, rather than specifically those with intellectual disabilities.

The person in charge had completed a detailed training analysis of staff training and

identified staff that were due refresher training in the upcoming year, and staff whose training was out of date. Training records were available for both permanent and relief staff and all relief staff had completed mandatory training. The provider also provided bespoke training events to support the staff in meeting the needs of residents'. Staff members spoke of the benefits of this individualised training. A staff member had not updated their training in safeguarding and although they had been scheduled for training, at the time of inspection, this had not been completed.

The person in charge completed supervision of staff on a six to eight week basis and records of this supervision were maintained. Records showed that supporting residents, individual issues and updates of policies were discussed during these meetings. Records showed that a new staff member had completed an induction programme.

The inspectors reviewed a selection of staff files and all the information required by schedule 2 was clear and readily available for the inspectors to view.

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:

Catherine Glynn
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:	25 January 2017
Date of response:	22 February 2017

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 17: Workforce

Theme: Responsive Workforce

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

Not all staff were up to date in the providers' mandatory training.

1. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional

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

development programme.

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

Staff will have completed the necessary mandatory training by end of February 2017

Proposed Timescale: 28/02/2017