

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Acres Residential Service
Centre ID:	OSV-0004810
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 February 2017 09:15 To: 22 February 2017 18:10

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

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an unannounced monitoring inspection carried out to monitor ongoing compliance with the regulations and standards. As part of the inspection, the inspector reviewed actions the provider had undertaken since the previous inspection conducted on 19 November 2014. The designated centre is part of the service provided by Western Care Association in Mayo. The centre provided a full-time seven day residential service to adults with a disability.

How we gathered our evidence:

During the inspection the inspector met with the three residents individually. Residents were unable to tell the inspector about the quality of care and support they received. However, during the day the inspector observed residents being supported in a respectful manner reflective of their assessed needs.

The inspector met three staff members during the inspection. The inspector reviewed documentation such as residents' personal plans, health records, risk assessments, policies and procedures and staff files.

The inspector interviewed the person in charge as part of the inspection and found them to be suitably qualified and knowledgeable on both the needs of residents, and

their requirements under the regulations.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations. The inspector found that the service was being provided as it was described. The centre comprised of a two storey house in a town with access to a local shops and amenities.

The house included two residents' bedrooms each with an en-suite bathroom, a communal sitting room, kitchen, dining room and bathroom. One resident had their own apartment within the house which comprised of a bedroom with en-suite facilities, sitting room, bathroom and kitchenette. The centre further provided staff facilities and a laundry room. Residents also had access to a large front and rear garden area.

Overall Findings:

The inspector found that governance and management arrangements at the centre ensured that residents received a good quality of support reflective of their assessed needs. The inspector found that residents appeared happy and comfortable with support provided and were assisted to meet their personal goals and access a range of activities in the local community.

The inspector found that staff were knowledgeable on residents' needs and the policies and procedures of the centre.

Summary of regulatory compliance:

The centre was inspected against eight outcomes. The inspector found compliance in all eight outcomes inspected with the reasons for this judgement being explained under each outcome in the report.

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 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:

Residents had written agreements in place.

The inspector found that the previous inspection's finding had been addressed and written agreements were available, which included details of all charges and services provided at the centre. Written agreements were signed by the resident or their representative and the provider.

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:

The inspector found that residents' assessed needs and supports were reflected in their personal plans.

The inspector looked at a sample of residents' personal plans which included information on support needs such as communication, behaviours of concern, daily activities and learning new skills. Staff practices and knowledge reflected personal plans reviewed by the inspector. Personal plans were available to residents in an accessible format.

Personal plans included residents' goals, which reflected their likes and the development of new skills such as cooking. The inspector found that residents' goals included the steps to be taken to achieve them, staff support to help the resident and the expected date for the goal to be achieved. Progress towards achieving goals was reviewed every four months with the resident and their representatives as part of 'circle of support' meetings held at the centre.

The effectiveness of residents' personal plans was reviewed annually with meetings attended by the resident, their family members, centre staff and multi-disciplinary professionals. The inspector found that minutes recorded resident's partial or full attendance at the review meetings.

The inspector reviewed activity records and found that they reflected both residents' personal goals and preferences. Residents were supported to access a wide range of community activities such as social dances, meals out, spa breaks, horse riding and swimming.

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:

The centre's risk management arrangements ensured that residents and staff were kept safe.

The centre was equipped with suitable fire equipment including fire extinguishers, a fire alarm, fire doors, fire call points, emergency door release points, smoke detectors and emergency lighting. Records showed that fire equipment was regularly serviced by an external contractor and checked weekly by staff, to ensure it was in good working order.

The centre's fire evacuation plan was prominently displayed and reflected staff knowledge. The inspector observed that an accessible version of the evacuation plan was available to residents.

Residents' Personal Emergency Evacuation Plans (PEEPs) were up-to-date and reflected staff knowledge.

Fire drill records showed that regular simulated evacuations were carried out using minimal staffing levels. In addition all staff had completed up-to-date fire safety training.

The centre had an up-to-date risk management policy and centre-specific safety statement. Risk assessments were reviewed regularly and included actions to mitigate the risk, which were reflected in staff knowledge and practices. In addition, each resident had a personal risk management plan, which was also regularly reviewed and included agreed actions, to minimise the impact of identified risks.

Accident and incident records were maintained at the centre and discussed with staff in regular team meetings. The inspector found that learning from accidents and incidents was reflected in staff knowledge and updated personal plans and risk assessments reviewed.

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:

Residents were protected from harm and supported with the management of behaviours of concern.

The inspector looked at resident's behaviour support plans which were up-to-date, regularly reviewed and included both proactive and reactive supports for the resident. Plans were developed and reviewed with a behavioural therapist and reflected staff

knowledge. The inspector reviewed training records which showed that all staff had completed positive behaviour management training in-line with the provider's policy.

Restrictive practices used at the centre, such as the locking of external doors, were recorded and reviewed regularly by the provider's Rights Review Committee. The inspector found that restrictions were discussed with the residents' family and used only in the last resort.

The centre had an up-to-date policy on the prevention, detection and response to abuse which reflected staff knowledge. All staff had received safeguarding of vulnerable adults training and were able to tell the inspector what might constitute abuse and the actions they would take if suspected.

Information on the centre's safeguarding of vulnerable adults policy, including photographs of the named designated safeguarding officers, was prominently displayed on the centre's notice board.

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:

The centre ensured that residents were supported to manage their health and diet.

The inspector reviewed healthcare records and found that residents had access to a range of allied healthcare professionals including a General Practitioner (GP) of their choice, specialist consultants, opticians, chiropodists and dieticians.

The inspector looked at residents' management of epilepsy records which showed regular reviews with a neurologist. In addition, where residents were prescribed emergency epilepsy medication, an up-to-date protocol was available which reflected both staff knowledge and training.

Residents' with swallowing difficulties had been reviewed by a speech and language therapist with dietary recommendations reflected in personal plans and staff knowledge.

Food records maintained at the centre showed that residents had access to a variety of

foods reflective of their individual tastes and health eating options. Records examined and discussions with staff showed that residents were involved in meal preparation at the centre based on their abilities.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that medication practices at the centre were in-line with the provider's policy.

The inspector reviewed the residents' medication prescription sheets, which reflected administration records examined. Medication records included information such as residents' photographs, date of birth, address and the name of their GP. All staff had received up-to-date medication administration training and a signature bank of all trained staff was maintained at the centre.

The inspector reviewed protocols for the administration of 'as and when required' medication such as pain relief which clearly stated the reason for the medication and dosage guidance.

Medication was kept in a secure cabinet in each resident's bedroom. Arrangements were in place for the segregated storage of out of date medication, which was disposed of at a local pharmacy.

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:

Governance and management arrangements at the centre ensured residents were supported in-line with their assessed needs, and the centre was operated in compliance with regulatory requirements.

The management structure reflected the centre's statement of purpose and staff knowledge. The person in charge was full-time, suitably qualified and regularly present at the centre.

The inspector reviewed team meeting minutes which showed they happened every month, were chaired by the person in charge and attended by all staff. Meeting minutes showed discussion on all aspects of the centre such as residents' needs, accidents and incidents and organisational policies. Staff told the inspector that the person in charge was approachable and responsive and they would have no reservations in raising concerns with them about the quality and safety of the service delivered.

The person in charge conducted regular audits at the centre including medication, residents' finances, and personal plans. Audit outcomes were discussed with staff and evidenced in team meeting minutes reviewed by the inspector.

The person in charge had accessed mandatory training through the organisation and externally, to continue their professional development. In addition, the person in charge was supported through supervision from their line manager and attended regular management team meetings.

The inspector found that the centre's annual review of care and support and unannounced provider six monthly visits were available on the day of inspection.

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:

Staffing training and support levels at the centre were reflective of residents' assessed needs.

The centre had both an actual and planned roster in place which met residents' needs.

During the inspection, residents' received timely support from staff in a respectful manner in-line with their needs. Residents were unable to tell the inspector about the quality of care they received, but from observations appeared happy and relaxed with staff support they received.

The inspector reviewed staff training records which showed that staff had accessed mandatory training such as fire safety, manual handling and the safeguarding of vulnerable adults. In addition, staff had attended training specific to the needs of residents such as epilepsy awareness. The inspector noted that all training completed by staff was up-to-date and in-line with the provider's policies

Staff told the inspector that they received regular supervision from the person in charge, which was reflected in documents reviewed. Supervision minutes showed that staff were supported to meet the needs of residents and access training opportunities.

Staff were knowledgeable about the regulations proportionate to their roles and responsibilities and able to tell the inspector about incidents which would require notification to the Health Information and Quality Authority (HIQA).

The inspector reviewed a sample of four staff personnel files and found that they contained all documents required under schedule 2 of the regulations.

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:

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