# Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0007990</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:amurphy@westerncare.com">amurphy@westerncare.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Western Care Association</td>
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<tr>
<td>Provider Nominee:</td>
<td>Bernard O'Regan</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Murie Bourke</td>
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<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O'Neill</td>
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<tr>
<td>Support inspector(s):</td>
<td>Lorraine Egan</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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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 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 25 March 2014 09:30
To: 25 March 2014 18:45

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11: Healthcare Needs</td>
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<tr>
<td>Outcome 12: Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This was the first inspection of this centre. Inspectors were satisfied that residents availing of respite and residential services had their needs met to a good standard.

The person in charge and the provider facilitated the inspection. Inspectors observed staff interaction with residents, spoke to residents, and reviewed documentation such as personal plans, policies and procedures and staff files.

Residents living in the residential part of the service had received a high standard of support in order to maximize their independence and were encouraged to make decisions and choices about their lives. Comprehensive assessment of personal outcomes with action plans were in place with evidence that many of these goals had been achieved.

Residents availing of respite services had access to activities that focused on their individual needs and preferences. Staff numbers were allocated depending on residents needs and extra staff were allocated to facilitate residents access to community and social events.

There were major non-compliances under Outcome 7, health and safety and risk
management and Outcome 12, medication management and other areas of improvement identified in regard to storage of equipment, some documentation in health and social care plans and identification of skill mix on staff rosters.

These areas are discussed further in the report and included in the action plan at the end of 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 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

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that residents’ rights and consultation were met to a good standard. However, storage of belongings of residents was not sufficiently segregated from general stores.

Management of complaints complied with the regulatory requirements. Residents had access to an easy to read complaints policy. Contact details and a photograph identified the designated person for residents to contact if they had a complaint. The designated person had a responsibility to review complaints to ensure residents were not at risk of abuse and that their complaints were being dealt with promptly and adequately.

Residents had the opportunity to do their own laundry and to store their laundry in receptacles of their choosing in their bedrooms. However, other items were stored in some wardrobes in the centre, which impacted on the space residents had for their own possessions during their stay.

Residents’ rooms were indicated by a photograph placed outside the bedroom.
Residents had the opportunity to pick their own bedroom during respite.

Residents using both the respite and residential areas of the centre had access to activities that were meaningful and purposeful to them. They suited their needs and capacities. For example, the personal plan of a resident outlined what was important to them, their preferences for food, music and hobbies, one of which was fishing. The resident had caught a large salmon earlier that day and showed it to inspectors. Fishing had been identified in the resident’s personal plan as a hobby they enjoyed.
There was a record keeping procedure for residents' money. Each resident had their own wallet and a log was kept of money in and out. The policy on residents' personal property and possessions was not reviewed on this inspection.

The person in charge had identified that there were times when residents had money leftover in residents’ wallets after their stay in respite. The person in charge was in the process of contacting families and residents about changes to this practice. An inspector saw a copy of the letter intended for families and residents. It outlined the improvements for safeguarding and transparency in relation to residents’ money and how the person in charge intended to carry this out.

**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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that social care needs for residents met a high standard. However, more work was needed in relation to documentation of timescales for both social care and health care plans.

An inspector met with a resident and together they looked at the resident’s personal plan. The resident’s understanding of their personal plan indicated they had been fully involved in all aspects of its development. Personal outcomes for the resident had been identified through the use of a comprehensive assessment.

The personal plan described family, friends, communication skills, interests, favourite things and where they liked to spend the day. Needs in relation to personal safety had been identified. Supports and education had been put in place to support these outcomes.

There were details as to what was working in the resident's life and what they would like to change. Goals were created from issues identified. These were realistic,
achievable and geared towards further enhancing the resident's independence and actualisation of their potential.

Although the action plan for one of the resident's goals was very detailed there was no action plan timescale for the other goals listed at the time of inspection.

Dates of when health care plans were drafted and review dates were not always documented therefore it was difficult to identify if plans were up to date or if they had been reviewed adequately. An inspector noted that a health care issue for one resident had not been adequately identified due to a misunderstanding of the meaning of one of the questions filled in by their family which had subsequently been addressed by the person in charge.

**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

**Judgement:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The location, design and layout of the centre was suitable for residents accessing the respite and residential services. The inspectors noted that the centre was clean. Furnishings were comfortable and décor was tasteful throughout.

Floor coverings were safe. The downstairs hall, upstairs landing and general communal spaces were spacious. The centre had a lift that serviced both floors; it also had a stairs with hand rails. A communal space was available for residents to use.

The kitchen in the respite section of the centre was spacious and had adequate facilities for the storage and preparation of food. There was adequate space for residents to be seated in the dining area to enjoy a comfortable dining experience. The living room was comfortable and tastefully decorated.

The residential part of the centre was also clean and comfortable. There was a large space that provided a kitchen area and living area. The bedroom was also spacious and toileting facilities were satisfactory. The accommodation had been decorated to the resident's personal taste.
Records were available to indicate that equipment had been serviced as required. Maintenance records were supplied to an inspector in the days after the inspection by the person in charge.

There had been a number of notifications to the Chief Inspector in relation to power outages experienced in the centre due to faults in local electricity networks. The centre had also experienced loss of heating, gas supply interruptions due to water leakage had been identified as the cause.

These issues had been addressed prior to inspection and the person in charge had provided detailed follow up information in relation to these issues when requested by an inspector.

The shower/wet room upstairs in the respite unit had limited space for equipment. The provider was aware of this issue and was in the process of linking with occupational therapy to review the room and consider courses of action.

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
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<th>Theme:</th>
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<tr>
<td>Effective Services</td>
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<tr>
<td>Non Compliant - Major</td>
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<tr>
<th>Outstanding requirement(s) from previous inspection:</th>
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<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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<table>
<thead>
<tr>
<th>Findings:</th>
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<tr>
<td>The health and safety of services users, visitors and staff was adequately provided for in the centre but improvements were necessary to meet the regulatory requirements.</td>
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</table>

The centre had policies and procedures on risk management. The policy was up to date. It covered areas such as description of risk, guide to decision making with a risk management framework, guidance on developing a risk management strategy.

It also outlined personal risk management planning which included a framework for assessing the level of risk and a framework for balancing rights and risk. Risk assessments were carried out on specific respite service users to their specific needs.

The missing persons procedure was reviewed. It provided guidance on the procedures staff should follow in the event of a service user going missing.

There was also an emergency record of each respite service user with photographic identification.
The incident injury policy outlined the incident reporting process, a guide to completing an incident report form and definition of what constituted an incident.

The centre did not have a risk register or environmental risk assessment for inspectors to view on the day of inspection.

Infection control guidelines for the centre were not sufficient to guide staff to ensure the risk of infection control was minimised. For example, guidelines instructed staff to 'clean regularly high risk areas' and 'wash cloths frequently'. This was not sufficient guidance for staff in the area of infection control management as it did not specify what 'regularly' meant and did not give an indication of where the high risk areas in the centre were.

A cleaning rota was viewed by an inspector but it had no signing sheet to indicate when cleaning had been carried out.

Fire equipment in the centre had been serviced for the respite area and both self contained apartments. Service records indicated equipment had been serviced in all areas a few days prior to the inspection. A fire evacuation chair had been installed recently in the centre. Staff were due to receive training in how to use it in the weeks after the inspection.

There was an up to date record of staff that had engaged in fire drills. Areas of concern were documented after completing fire drills. For example, it was noted that the centre could not be evacuated effectively due to items blocking the hall. This had been addressed after the drill.

The fire alarm service report indicated that a full test had been carried out in February 2014 a fault was detected and was fixed by an engineer. The fire alarm system had been serviced three times since February 2014 due to faults detected, one of which had necessitated an evacuation. The person in charge had contacted the fire alarm service engineer promptly as each fault was detected.

Inspectors viewed the emergency fire escape stairs. The door at the bottom of the stairs was locked. The provider and person in charge took to action to rectify this and the door lock was changed to a thumb lock device. This was completed before the close of inspection.

There were no servicing records for emergency lighting in the centre at the time of inspection for an inspector to review.

The risk management policy did not include a section on aggression and violence as required by the Regulations.

Bedrooms provided small cupboards with a key, from time to time residents kept personal medications in these cupboards. There was no risk assessment in relation to this.

The respite centre's back door opened out onto the top of a set of steps that led to the grounds of the back of the premises. These steps had not been risk assessed. The
provider did identify that the centre is supplied with salt to put on the steps during icy weather conditions.

A resident that used respite services requested bedrails as an enabler however; there was no risk assessment in relation to this.

**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

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Measures to protect residents being harmed or suffering abuse were in place and appropriate action responses were identified in the organisation policy reviewed by an inspector.

The person in charge indicated their knowledge on types of abuse and what steps they would take in response to abuse.

The policy for protection of welfare of adults with learning disability and or autism had a flow chart indicating how residents, staff members including volunteers would report alleged abuse.

The policy also indicated the steps to take if an incident occurred out of normal working hours or what steps to take if a resident did not have an assigned social worker.

Types of abuse were identified in the policy and a designated person was identified in the policy. Their role was to review complaints for the potential of any type of abuse, neglect, mistreatment or exploitation.

An inspector reviewed staff training records in relation to abuse; the person in charge had received training in November 2013 there were records to indicate that all staff had received training and had or was due refresher training.

The centre had a policy in relation to challenging behaviour and also in relation to
restrictive practice. Staff received training in relation to positive behaviour support, de-escalation techniques and intervention techniques as needed. Incidents were well managed.

An inspector reviewed a support plan for one resident. It focused on teaching the resident coping skills thus reducing the incidents of behaviour that is challenging and negating the requirement for reactive or restrictive practices to be implemented. It also showed evidence of enhancement of personal skills for the resident and the resident implemented the coping skill independently.

**Outcome 11. Healthcare Needs**

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

**Theme:**
Health and Development

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Inspectors were satisfied that residents had their health needs adequately met.

A sample of personal plans were reviewed in relation to health care needs. Residents were supported to access health care services relevant to their needs. The inspector found that they had access to a general practitioner (GP) with one resident’s plan indicating they had chosen their own GP and pharmacist. There was evidence that residents had access to allied health professionals such as dietician, speech and language therapists and were supported as required by staff and/or family members.

A nutritional screening tool was used to assess residents identified at possible nutritional risk due to health issues. Residents requiring modified diets had access to speech therapy. An inspector reviewed a referral that had recently been completed to request a swallowing assessment for a resident.

Food safety and hygiene was covered within the infection control policy. The person in charge informed the inspector that training in food safety was provided by the organisation. The centre had adequate space for storage of food with an additional stand alone freezer in the utility room. Residents had the choice to eat out, order in takeaway or prepare meals in the centre.

A resident living in the residential part of the centre had their health and nutrition needs identified. From these identified needs action plans were in place with identified education and supports the resident required.
Outcome 12. Medication Management

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

Theme:
Health and Development

Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that residents were encouraged to manage their own medication as independently as possible. However, the procedures in relation to storage of medication needed to be addressed to ensure medicines kept in the centre were stored securely. The centre did not have a centre specific policy to guide medication management for respite services.

An inspector reviewed the medication policy kept in the centre it was a robust policy giving good guidance for staff. An inspector looked at the area of self medicating. The policy outlined a self administration assessment with guidance for staff how to fill it out. It also outlined a time frame for consistent review of self administration of medicine support plans.

There was also guidance for staff if a resident was no longer able to self administer. It outlined how staff would involve the resident and their family in the process and achieve a written agreement.

A self administration of medicine support plan was reviewed by an inspector and showed evidence of the policy put into action successfully for a resident using the respite service.

The policy though robust and detailed did not give staff specific guidelines or procedures for the management of residents’ medications in respite services.

There was a centre specific management of residents’ medicines however, it had not been documented.

Residents using the respite service brought their medications with them. There was an individual log of medicines brought into the centre by the resident for each stay. An inspector reviewed one of these logs and found it had been completed the day the resident arrived to the centre.

Residents used the small cupboards in their bedrooms to store their personal medication. A key was provided for the cupboard. This practice was in place to
encourage as much independence and responsibility for residents during their stay as possible.

However, not all residents remembered to lock these cupboards when they were going out for the day and a key had been left in one of the cupboard doors. Inspectors were not satisfied that medication was stored securely in the premises.

There were no controlled drugs kept in the centre at the time of inspection.

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

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The centre had a written statement of purpose. It set out the aims objectives and ethos of the centre. It gave a description of the facilities and services provided. It specified the age range and gender of residents for whom it was intended to accommodate.

Day care facilities were not provided in the centre and so were indicated as non applicable. Residents’ privacy and dignity arrangements were listed. Social activities, hobbies and leisure interests such as attending the library, local church, beautician and hair dresser, drama classes and Arch club were listed. Therapy supports such as psychology, psychiatry and social work were identified.

The person in charge informed the inspector that they were still working on the statement of purpose and intended to put a diagram of the floor plan and a photograph of the centre on the front.

The statement of purpose did not specify the centre’s criteria in relation to emergency admissions. Also, the narrative description of rooms did not give enough detail in relation to the number of actual bedrooms or if they were single rooms. The statement of purpose did not adequately describe the facilities in the self contained apartments in relation to toileting facilities, size of bedrooms, kitchen and living space arrangements.
### 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.

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<thead>
<tr>
<th><strong>Theme:</strong></th>
<th>Leadership, Governance and Management</th>
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<td><strong>Judgement:</strong></td>
<td>Compliant</td>
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### Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

### Findings:

Inspectors were satisfied that the centre was managed by a suitably qualified person in charge with relevant experience commensurate to their role.

Murie Burke was the person in charge at time of inspection. There were clear responsibilities outlined for the person in charge in relation to her position as social care leader. An inspector reviewed the job description and reporting relationship for this role.

Some of the main duties and responsibilities identified for the person in charge were to lead, manage and co-ordinate the service they were responsible for. They were also responsible for managing and driving the implementation of individual plans, manage and support staff individually and as part of a team, manage the budget allocation in a manner responsive to residents and lead and facilitate local service planning based on the priorities of the residents.

The person in charge had taken on some initiatives during her time in the role. She had initiated a centre specific procedure in relation to residents’ money and ensuring safe guarding and transparency. She had also participated in the drawing up of the statement of purpose for the centre and residents guide. These reflected the name of the current person in charge.

The person in charge reported to the regional service manager who in turn reported to the CEO for the service who in turn reported to the Board of Directors. The organisation the centre was part of had outlined its governance structure on their website ensuring residents, families and advocates had freedom to this information.

The person in charge also demonstrated in depth knowledge of residents that used the respite service and was able to give lots of information on their specific needs to inspectors throughout the course of the inspection.
**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

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The person in charge of the centre was absent from the centre for more than 28 days. This absence had occurred prior to the commencement of regulation for disability services in November 2013. A notification had been sent to the Chief Inspector in relation to the person in charge's absence outlining the arrangements in place during this absence.

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**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

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Inspectors were satisfied that there were adequate staffing numbers working in the centre on the day of inspection. However, more clarity on staff roster data provided to inspectors was required in order to adequately judge compliance in the area.

The centre's staffing total staffing compliment was five staff, one social care leader, two social care workers and two social care assistants. The person in charge indicated that staffing numbers were allocated depending on the number of residents using the service for a particular day and also depending on residents’ dependency needs. Extra staff...
were allocated at various times to facilitate socialising and engagement of residents in their local community.

Work rosters for three weeks were reviewed, and while they indicated that there was staff working in the centre each day and at specific times, it was not clear what role each member of staff named on the roster held or the number of residents in the centre on a particular day.

This meant that the inspector was unable to garner an accurate judgment if there were indeed adequate staffing levels and skill mix for the number of residents on a given day and their dependency needs.

Residents living in the residential part of the service had their own allocated support worker who provided assistance in relation to the residents’ specific identified needs and goals.

Staffing in the centre was allocated for times when residents were in the centre. For example from 7am to 10 am and from 4pm to 12 midnight.

Training records showed ongoing staff training for all staff working in the centre. From training records reviewed staff had received ongoing training and refresher training. For example, dignity at work, HIQA introduction, first aid, managing challenging behaviour, person centred planning, food and nutrition, food hygiene, fire training, rights, hoist demonstration and protection and welfare.

There was a system whereby staff were alerted via internal email or written correspondence to up-coming refresher training needs and were allocated on training sessions relevant.

The person in charge and one other staff working in the centre were overdue refresher training in fire safety they had been allocated to receive this training at the end of March 2014. Another staff member was overdue refresher training in protection and welfare and was allocated for a training session the end of March 2014.

This was a comprehensive system ensuring staff were ensured to have the necessary skills and refresher training in order to carry out their roles and responsibilities effectively.

The supervisory support policy indicated that supervision for staff occurs every four months. The person in charge indicated she had received guidance from human resources in relation to carrying out the policy. Each staff member had had a supervision support meeting with the person in charge in January 2014.

There were no volunteers working in the centre at the time of inspection.

A sample of staff files were reviewed as part of the inspection. Garda vetting documentation was not kept in the staff files reviewed at the time of inspection. The person in charge forwarded onto the Chief Inspector evidence of Garda vetting for staff files reviewed in the days after the inspection.
There were inconsistencies in documentation in relation to employment history for example start and finish dates of employment were not adequately documented in all cases. There was no copy of qualifications for another member of staff.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

*Report Compiled by:*

Ann-Marie O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
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<td>25 March 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12 May 2014</td>
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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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

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

There was inadequate storage space provided for residents’ clothing and belongings due to general storage being kept in residents' wardrobes.

Action Required:
Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

Please state the actions you have taken or are planning to take:
Work will be completed by Western Care Association Maintenance Team to provide storage in a location in the house so that general storage does not occur in rooms used.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
by residents and that does not impact on residents’ personal space

**Proposed Timescale:** 09/06/2014

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong> Not all health plans in personal plans had dates and review dates documented, therefore an inspector could not ascertain if these plans were carried out annually or more frequently if there was a change in need or circumstances of residents.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>• All Health Action Plans will be reviewed and completed with Review dates included</td>
</tr>
<tr>
<td>• Minutes of Review Meetings, Circle of Support Meetings will be included in all IP Folders</td>
</tr>
<tr>
<td>• Individual Plans will be based on Person’s priorities for Respite and Residential</td>
</tr>
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**Proposed Timescale:** 31/05/2014

<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> The space in the assisted bathroom was limited.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> Occupational Therapist assessed environment – 24th April 2014 Cupboards have been removed to facilitate Shower bed – 1st May 2014 Storage to facilitate equipment when not in use will be addressed by Western Care Association Maintenance Team – 09/06/2014</td>
</tr>
</tbody>
</table>
### 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:**
There was no comprehensive environmental risk assessment for the centre at the time of inspection therefore some risks in the centre had not been assessed.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
The Association’s guidance on Safety Statements will be modified to include guidance on including external environments in the Hazard Identification and risk assessment process. This will be circulated to all services for use.

Back door Steps- Risk Assessment completed on steps and ramp. Step removed from back door and replaced with wider step. All external areas have been risk assessed and handrails added where required.

The use of bedrails have been assessed and Risk Plans put in place in relation to their use.

### Proposed Timescale: 09/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not include a section on aggression and violence.

**Action Required:**
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**
The organisation has two policies that address the area of risk: the Risk Management Policy which focuses on people using services and the Organisation/Department Safety Statement Policy which is site specific. Measures and actions associated with violence and aggression are included in the Organisation and Department Safety Statement.
<table>
<thead>
<tr>
<th>Proposed Timescale: 01/05/2014</th>
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</thead>
<tbody>
<tr>
<td>Theme: Effective Services</td>
<td></td>
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<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect: There was no risk register for inspectors to review on the day of inspection.</td>
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</tr>
<tr>
<td>Action Required: Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</td>
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</tr>
<tr>
<td>Please state the actions you have taken or are planning to take: As noted above the Safety Statement process is being updated to enhance the hazard identification and risk management process for each location, including this designated centre. The Hazard Identification process has been approved by the Health and Safety Authority. The Organisation has two policies that address the area of risk: the Risk Management Policy which focuses on people using services and the Organisation/Department Safety Statement Policy which is site specific. Measures and actions associated with violence and aggression are included in the Organisation and Department Safety Statements</td>
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</thead>
<tbody>
<tr>
<td>Theme: Effective Services</td>
<td></td>
</tr>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect: Infection control guidelines for the centre were not sufficient to guide staff to ensure the risk of infection control was minimised.</td>
<td></td>
</tr>
<tr>
<td>Action Required: Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.</td>
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</tr>
<tr>
<td>Please state the actions you have taken or are planning to take: The Manager is developing guidelines for staff to guide their practice, to record consistency of implementation and for oversight by the manager</td>
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<thead>
<tr>
<th>Proposed Timescale: 31/05/2014</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Theme: Effective Services</td>
<td></td>
</tr>
</tbody>
</table>
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire alarm system was frequently faulty.

**Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
Engineers identified the faulty sensors and replaced those sensors

**Proposed Timescale:** 14/04/2014

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### Outcome 12. Medication Management

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While there was a robust organisational policy in relation to medication management there was no written operational policy relating to medication management for respite services.

**Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
The Manager and Chair of the Medication Management Working Group will develop a local guidance which will apply for this respite service – 30/5/14

One staff will be assigned responsibility to conduct a medication audit once per month. PIC will monitor this through supervisory support - 20.05.2014 and ongoing

All staff will have completed a two day training in Responsible and Safe Medication Management, including a competency assessment by the end of June 2014

**Proposed Timescale:** 30/06/2014

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors were not satisfied that medication was stored securely in the premises
**Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
Complete Risk Management of Individuals who Self Administer Medication
Complete Risk Management of storage of keys
Install a Lockable Key Cabinet for safe storage of keys

**Proposed Timescale:** 20/05/2014

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose describes services but does not contain some of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities Regulations) 2013

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The Manager will update the Statement of Purpose to include details of Service Level Agreement, the Process for Emergency Admissions and more detailed description of Rooms and Facilities. It will also include floor plans

**Proposed Timescale:** 20/05/2014

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**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 documents as per Schedule 2 of the Regulations were contained in the personnel files for staff.
**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
Work History Forms will be dated and completed
Qualification Certificate are now in place where applicable

**Proposed Timescale:** 31/05/2014

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staffing rosters did not identify the skill mix of staff on duty or the number of residents in the centre therefore the inspector was not able to judge adequately if there were sufficient staff on duty to meet the needs of residents.

**Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
PIC, Provider and HR Manager to undertake a roster review, using a Roster Template developed to include skills mix and residents booked in for Respite and support needs

**Proposed Timescale:** 30/06/2014