

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Western Care Association
<b>Centre ID:</b>	OSV-0001752
<b>Centre county:</b>	Mayo
<b>Email address:</b>	sloftus@westerncare.com
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Western Care Association
<b>Provider Nominee:</b>	Bernard O'Regan
<b>Lead inspector:</b>	Ann-Marie O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	1

## 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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 12 August 2014 10:00 To: 12 August 2014 20:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was an announced inspection and formed part of an assessment for application for the centre to be registered, by the provider. The inspection took place over two days. As part of the inspection, practices and staff interaction with residents was observed. Documentation was reviewed, such as care plans, medical records, accident/incident logs, policies and procedures and staff files.

This was the second inspection of this centre. A monitoring inspection had occurred in May 2014. The person in charge and provider had completed the actions set out in the previous report within the specified time frame. There had been another construction survey of the premises since the previous inspection. This survey indicated a significant amount of construction work was necessary to fix structural

premises issues. The provider had given assurances to undertake works as indicated in the survey report.

Residents living in the centre had their needs met to a good standard of person centred care. They were supported to achieve independence and community participation with due regard to their abilities and preferences. Since the previous monitoring inspection, staff working in the centre had received medication management training. Residents had a good knowledge of their health-care needs and personal plans. They were also supported to manage their medication and personal finances in a way that afforded them autonomy and independence.

Personal plans indicated assessed outcomes. Goals were identified and discussed with the residents and their support network. Residents' support networks were people such as, their key worker, their family and friends. Residents were encouraged to have participation in setting their goals. Bereaved residents were supported to maintain links with their family home and community, counselling was also available to them.

Non-compliances were found in Outcome 4; Admissions and Contracts for the Provision of Services, Outcome 12; Safe and Suitable Premises and Outcome 18; Records and Documentation. These are discussed in the body of the report, with actions given and the provider's response outlined 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

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

No actions were required from the previous inspection.

**Findings:**

There were effective mechanisms for consulting with residents in place. There had been numerous documented resident meetings with staff in which residents' feedback and opinion was sought, for example, ideas for excursions. Residents had also discussed the volunteering, intimate care and natural support policies in a recent resident meeting. Easy read formats of these policies had been utilised in the meeting.

Residents had their own bank accounts with bank cards and individual PIN number, they had full inclusion and supported autonomy in accessing banking services as needed. A log of resident's monies was maintained and residents stored these individual logs in their bedrooms, they indicated monies lodged and withdrawn with corresponding receipts.

A log was also kept of items residents had purchased, these were small items that furnished their rooms and personalised them, such as lamps, hair dryers and picture frames.

Residents had their own bedrooms. These were personalised to the resident's taste. A resident had recently moved bedrooms to allow for more storage space of their belongings. Residents had space for privacy and contemplation in the centre.

Residents, and some family members, had completed satisfaction questionnaires these indicated that residents and families were happy with the support around helping residents make choices and decisions. Residents told the inspector that they were listened to and had autonomy in their lives. Residents had opportunities to engage in hobbies that were meaningful to them, for example, art and crafts. They also attended day services suited to their individualised needs. A plan of activity had been scheduled

for them during the time when their day services were closed for the Summer.

The complaints policy was in an easy read format, was comprehensive and gave detail to inform the reader of the procedures to follow in the event of making a complaint. The easy read format used written text, pictures and photographs, for example, there was a photograph of the designated lead complaints officer for the organisation on the easy read format policy. Residents spoken with were aware of the complaints procedure. They indicated the steps they would take if they had a complaint or were not happy, for example, contacting senior management via email.

There was evidence to show that complaints were addressed to the satisfaction of residents. For example, the inspector read a sample of documented minutes of residents' meetings. A resident had made a complaint during one of the meetings. In a follow up meeting the complaint was discussed again and the issue had been addressed to the satisfaction of the resident. Since this time, to meet with the regulatory requirements, a complaint log had been created. The inspector reviewed this, there were no open complaints at the time of inspection.

**Judgment:**  
Compliant

## **Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

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

No actions were required from the previous inspection.

### **Findings:**

Staff working with the residents were aware of their communication needs and information for residents was presented in accordance with this. Each resident's personal plan had an individualised communication assessment which indicated the different communication styles. Residents had access to speech and language services if required.

Policies were in an easy read format for residents and were made available for residents in the sitting room. Pictorial aids were in use throughout the centre directing residents, for example, to where plates and cutlery were to be found in the kitchen.

Residents had access to radios, magazines, newspapers and TV. A notice board in the centre indicated events that were taking place in the local town and community.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community***Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.***Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Residents were encouraged to have positive relationships with family and friends. They visited friends living in other designated centres and enjoyed weekly arrangements for this to occur.

Each resident spoken with named their friends and indicated they had regular communication with them through visits, excursions and meeting them in their day services. A staff member had helped a resident put photos of their friends against their friends' contact phone numbers. This was to ensure the resident had as much independence in contacting their friends as possible when using their mobile phone.

There were many photographs in the centre of residents with their families and friends and families of residents were asked to attend personal planning meetings and reviews in accordance with the wishes of the resident.

Residents who experienced loss had access to bereavement counselling. Staff facilitated residents to visit their family homes and stay overnight. Residents told the inspector that they enjoyed these monthly visits.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were written service level agreements that dealt with the support, care and welfare of residents in the designated centre. These agreements also included details of the services to be provided to residents and a breakdown of some monetary costs to them.

However, the service level agreements needed some revision to include information on the organisational policy and procedures relating to social outings. The organisation's policy and procedures relating to the payment for support staff's meals gave specific guidelines. In accordance with organisational policy, residents were not expected to pay for support staffs' meals during social outings unless, there was a reciprocal agreement. However, the service level agreements did not make reference to this policy.

Residents' were required to make a monthly contribution towards food and other additional costs. The monthly contribution amount was specified in the service level agreements; however, there was no description of what the other additional costs were.

**Judgment:**

Non Compliant - Minor

**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):**

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

**Findings:**

Actions from the previous inspection had been implemented. The inspector found a good level of compliance for this outcome on the last inspection. One action had been given in the last report in relation to ensuring personal plans. Residents' personal plans had been reviewed and changed to ensure they were in a format that met with residents' needs.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The centre was homely, comfortable and pleasantly decorated. The residents had comfortable seating throughout the centre. There was good natural and artificial lighting and the external grounds of the premises were even and well maintained.

The design and layout of the premises ensured residents had adequate private and communal space. The kitchen was large with ample space for cooking facilities and food storage. The centre met the needs of the residents and reflected the centre's statement of purpose.

However, the inspector had noted on the previous inspection, that there were structural issues, for example cracks on walls. The provider had requested a survey inspection of the premises in 2013. In the last monitoring inspection, the inspector reviewed the survey report, dated 19 October 2013. The report indicated structural work was required to fix issues with the premises.

On the previous inspection, an action was given in relation to these structural issues. The provider's action plan response indicated further site investigation was to take place. This was scheduled for completion by 16 July 2014. Any further work to be carried out would be determined by this report with a commitment from the provider to undertake the works recommended from the survey report.

This action was completed within the time frame specified by the provider and the engineer report had indicated that major structural repair was necessary. The provider gave a further commitment to the inspector that these works would be completed with as minimum disruption to the residents as possible. Meetings to discuss these works and the impact to residents were scheduled for September 2014.

In the meantime, the inspector noted residents' safety and quality of life were not adversely impacted on by the premises issues. However, during the colder months the premises could prove difficult to heat or maintain heat due to the numerous cracks in the walls allowing heat to escape.

**Judgment:**  
Non Compliant - Moderate

**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:**

This outcome was compliant on the previous inspection and the inspector found that systems were still in place on this inspection.

**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:**

This outcome was compliant on the previous inspection and there had been no allegations of abuse notified to the Chief Inspector since the last inspection.

Behaviours that challenge continued to be well managed in the centre. Environmental restrictions in place were with consent of residents and had been reviewed by the human rights committee.

Since the last inspection there was evidence to show that a resident's behaviour support plan had been reviewed with some behaviour management interventions discontinued.

This had happened with the inclusion of the resident in the decision making process, the discontinuation of this strategy had not adversely impacted on the resident's quality of life and had ensured their behaviour support plan was more age appropriate.

Staff spoken with demonstrated good knowledge of signs of abuse and indicated a good understanding of organisational policy and procedures in response to allegations of abuse. On the previous inspection the person in charge had also demonstrated a good knowledge of organisational policies and procedures to protect, detect and respond to allegations or suspicions of abuse.

**Judgment:**  
Compliant

### **Outcome 09: Notification of Incidents**

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

**Theme:**  
Safe Services

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

**Findings:**  
A record of all incidents occurring in the centre was maintained and where necessary notified to the Chief Inspector. The inspector reviewed incidents and accidents documented in the centre and found that incidents requiring notification had been submitted to the Authority as per the regulations. The person in charge demonstrated a good knowledge of their regulatory responsibility in regard to notifiable events.

**Judgment:**  
Compliant

### **Outcome 10. General Welfare and Development**

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

**Theme:**  
Health and Development

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

**Findings:**

The inspector found that resident's general welfare and development needs were proactively supported by practices in the centre. A personal outcomes assessment was used to establish residents' educational, employment and training goals.

Each resident attended a day centre and residents spoken with indicated their enjoyment of classes they attended, for example, computer courses, typing classes, and arts and crafts.

Residents engaged in social activities within and out of the centre. Residents outlined excursions they had recently enjoyed and also indicated how they liked to spend their day off work or their weekends. Residents had choice and autonomy in making decisions of how they wanted to spend their day. Residents were facilitated to stay at home and rest on weekends, during their holidays and on days off from work if they so wished.

There was evidence of liaison between residents' day centres and the designated centre. This ensured continuity in service provision and programmes in place to support the residents, for example, stress management strategies for residents and behaviour support interventions were utilised in both settings. A communication book was used to feedback information to staff in both settings.

There was ongoing review of resident's social activities and goals through their circle of support meetings and residents were consulted with during this process to ensure they were receiving the support they needed to achieve identified goals.

**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):**

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

**Findings:**

Residents were supported to achieve good health through care planning, access to allied health professionals and monitoring of residents' individual health care needs. The organisational policies on best possible health and food and nutrition guided staff practices and procedures to ensure residents' healthcare needs were supported on an individual basis.

Residents had access to their own GPs and had regular reviews by allied health professionals including dentists, dental hygienists, endocrinologists, dieticians, speech and language therapists, physiotherapists, chiropodists and opticians.

There was evidence to indicate that residents had received timely access to GP services and had also received audiology screening and other health care screening services available to the general public. A resident had been reviewed by a physiotherapist and received orthotics insoles for their shoes. This intervention was to ensure optimum posture and reduce the risk of falling for that resident.

A nutritional screening assessment tool was used by staff to assess residents' nutritional risk. Residents had been referred to a dietician for recommendations based on nutritional assessment outcomes.

Actions indicated on the previous inspection had been addressed and resident's weights were now consistently documented in line with the organisation's policy however, there was still inconsistency of recording of Body Mass Index (BMI) in line with the policy.

All residents' BMI were not recorded. The BMI index chart in the organisation's policy was not suitable for residents under a certain height and therefore staff were unable to use it. It was not possible for staff to accurately implement a nutritional risk assessment for all residents.

**Judgment:**

Non Compliant - Moderate

**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:**

This outcome had been inspected during a monitoring inspection May 2014 and found to be in compliance. There had been no change in systems since the previous inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose in the centre, which included matters as set out in Schedule 1 of the regulations. However, the statement of purpose required some improvement in order to more accurately describe the therapeutic techniques used in the designated centre and the arrangements for their supervision.

The person participating in management (PPIM) submitted an updated statement of purpose in the days after the inspection, this was reviewed by the inspector and was in compliance.

**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:**

The person in charge of the centre had not changed since the previous monitoring inspection. On the previous inspection the inspector had found her to be a suitably qualified person in charge with relevant experience commensurate to her role. Her main duties and responsibilities identified such as leadership, management and co-ordination of the service she was responsible for were still the same.

She had engaged in management within the organisation for the past five years. The person in charge reported to the regional services manager, (PPIM) who reported to the CEO, who in turn reported to the Board of Directors.

The inspector had conducted an interview with the person in charge during the previous inspection. She had given a clear outline of what she would do in the event of a fire and abuse allegations. The person in charge had worked for a number of years as a behaviour support specialist and demonstrated good knowledge in relation to management of behaviour that is challenging.

The person in charge was also responsible for two other services in Western Care Association spread over a geographical area. Given the level of compliance for this centre on both inspections the inspector was satisfied that the management arrangement did not impact on her supervisory capacity of the centre and did not adversely affect residents in the designated centre. There was documented evidence of ongoing supervision of staff working in the centre by the person in charge and she had been present for resident meetings.

Residents and staff were very familiar with the person in charge and were at ease in her company. They indicated they would approach their support staff or person in charge if they had a complaint or issue.

**Judgment:**  
Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had not been absent for more than 28 days. The person in charge and person participating in management demonstrated knowledge of their regulatory responsibility to notify the Chief Inspector of an absence of the person in charge for longer than 28 days.

In the days when the person in charge did not work in the centre, a senior social care worker had responsibility for oversight of the running of the centre and had ongoing communication and liaison with the person in charge.

**Judgment:**  
Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The centre was suitably resourced to meet the needs of the residents and ensure the effective delivery of care and support as set out in the statement of purpose.

The inspector reviewed the staffing numbers for the centre and skill mix indicated against the services and needs of the residents as set out in the statement of purpose and found they were sufficient to meet the residents' needs.

A vehicle personally owned by a resident was used to transport residents to and from activities and their day activity placements. An agreement was in place for this arrangement and contributions were specified within individual service contracts. There was evidence to show the car was serviced, taxed and insured with the support of the organisation.

Resources for residents to engage in their hobbies and interests were available in the centre, for example, arts and crafts items were plentiful and residents had access to an exercise bicycle to meet their specific healthy living need

**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 inspector was satisfied that there were adequate staff working in the centre on the day of inspection.

The centre's total staffing compliment was four staff, comprising of a social care leader, a social care worker and two social care assistants. Relief social care assistants from within the organisation had been used to staff the centre on the previous monitoring inspection. Two social care assistants had since been allocated to work specifically in the centre.

The inspector interviewed one of these staff and found they had a good understanding of abuse identification and prevention and correctly outlined what they would do in the event of an allegation of abuse.

Work rosters were reviewed, which indicated the staff working in the centre each day, their roles and the specific times. The inspector was satisfied that the skill mix and number of staff allocated for the residents met their requirements.

The organisation operated a system whereby staff were alerted via internal email, text message or written correspondence to up-coming refresher training and staff were allocated on relevant training depending on needs.

There were no volunteers working in the centre at the time of inspection. Supervision documentation for staff working in the centre was up to date and was carried out on an ongoing basis.

A sample of staff files were reviewed as part of the inspection. Similarly to the previous inspection, files reviewed met the requirements of Schedule 2 of the regulations.

Training records showed ongoing staff training for all staff working in the centre. Training records reviewed indicated staff had received ongoing training and fresher training in areas such as dignity at work, first aid, managing behaviours that are challenging, person centred planning, food and nutrition, food hygiene, fire training, rights, and protection and welfare.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that records were maintained with completeness and accuracy in the centre apart from one requirement in regard to the directory of residents. Written operational policies were in place to inform practice and on review the inspector found that all policies set out in Schedule 5 were in use.

Residents had access to easy read policies. The statement of purpose and resident's guide was also available in the centre. The centre was adequately insured and this was up to date. There was also evidence that the car used by the residents in the centre was adequately insured and was in date.

Information relating to residents and staff were securely maintained in the office of the centre and were easily retrievable and kept up to date. However, there was no directory of residents maintained in the centre.

**Judgment:**

Non Compliant - Moderate

## 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:***

Ann-Marie O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Western Care Association
<b>Centre ID:</b>	OSV-0001752
<b>Date of Inspection:</b>	12 August 2014
<b>Date of response:</b>	19 September 2014

### 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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

**Theme:** Effective Services

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

Contracts of care/service level agreements required more information relating to some additional fees charged and information with regard to the organisational policy and procedures for supported social outings.

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

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

A breakdown of the 50 Euros Contribution per month will be included on The Individual Service Agreement for both residents.

Arrangements of a reciprocal nature whereby for example a staff member and person supported may buy each other a drink while out for an evening are referred to in the Guidance on Service Users Monies. It was agreed that this would be elaborated on and included in the Individual Service Agreements in future.

**Proposed Timescale:** 01/11/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The premises were in need of structural repair.

**Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

We are actively sourcing an alternative property to rent locally through Estate Agents. Properties are currently being viewed by residents and a decision will be made within a matter of weeks. Once a suitable property is found HIQA will be notified as required by regulation so that it can be registered.

A decision on the longer term resolution of the subsidence issue in the current house will be decided in the light of the costs involved.

**Proposed Timescale:** 30/11/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

A nutritional risk assessment including BMI was not in place for all residents.

**Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The MUST is a standard tool and applies to the adult population in general. In exceptional cases where a person is below the recommended height for using the tool their nutritional status is determined by their medical practitioner. The person visited the GP on September 15th to have a Nutritional Risk Assessment completed and a referral to a Dietician has been made through the GP.

A clarification will be circulated to address the policy issue for exceptional cases in which the person is below the recommended height.

**Proposed Timescale:** 03/11/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

A directory of residents was not maintained in the designated centre.

**Action Required:**

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

The Directory of Residents has been completed for the two residents.

**Proposed Timescale:** 19/09/2014