### Health Information and Quality Authority

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

<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0001755</td>
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<td><strong>Centre county:</strong></td>
<td>Mayo</td>
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<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td><strong>Registered provider:</strong></td>
<td>Western Care Association</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Bernard O'Regan</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Ann-Marie O'Neill</td>
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<td><strong>Support inspector(s):</strong></td>
<td>None</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>5</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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<td>26 August 2014 19:00</td>
</tr>
<tr>
<td>27 August 2014 09:30</td>
<td>27 August 2014 15:05</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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Summary of findings from this inspection

This was the second inspection of this centre. A monitoring inspection was carried out in March 2014. The inspector found that the person in charge and provider had completed the actions within the time-frame specified on the action plan response from the previous monitoring inspection.

Residents living in the centre had their needs met to a good standard of person centred care. Residents were supported to achieve independence and community participation with due regard to their abilities and preferences.
Personal plans indicated assessed outcomes. Goals were identified and discussed with residents and their support network, which included their key worker, family and friends at ‘circle of support’ meetings. They were also supported to manage their medication and personal finances in a way that afforded them autonomy and independence.

There had been improvements made since the last inspection relating to safe medication storage and training for staff in medication management. Another area of improvement noted related to a reduced risk of trip hazards on the outside premises, steps and ramps. There had been further review of hazards inside the building and risk reduction measures put in place, such as, a screen for the cooker to prevent risk of burns.

Some areas of good practice noted in the previous inspection were still ongoing, such as community participation and inclusion.

Residents indicated they enjoyed attending the respite service and made requests, to the person in charge, to attend more often if possible. This was documented in minutes of residents' meetings reviewed by the inspector.

Feedback from residents living in the residential unit of the centre was also very positive. They had achieved supported community living that met their needs and they were happy with this. They mentioned that their privacy was respected and they had support in the way they wanted and needed.

There were some non-compliances found under Outcome 4; information on contracts of care, Outcome 6; safe and suitable premises, Outcome 7; hand washing and infection control prevention, Outcome 8; assessment for the use of bed rails, Outcome 14; Governance and Management and Outcome 17; relating to staff training. These are discussed in the body of the report, with actions and provider’s response outlined in the action plan.
**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):**

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

**Findings:**

Residents’ rights and consultation were met to a good standard on this inspection. Issues had been identified on the last inspection and an action given to the provider had been addressed.

These issues related to items such as, a Christmas tree and incontinence sheets stored in the wardrobes of the centre. During this inspection the person in charge and person participating in management (PPIM) showed the inspector each bedroom and the inspector saw that residents' personal storage space was no longer impacted upon. The action from the previous inspection had been addressed. General items were no longer stored in residents' personal storage space.

Complaints were well managed. The complaints procedure was kept in a prominent position in the centre inside the front entrance. 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. This was to ensure residents were not at risk of abuse and that response to complaints was prompt and effective.

The inspector reviewed the complaints log for the centre. There were no open complaints at the time of inspection. Two complaints were documented in the log. These had been addressed to the satisfaction of the complainant.

Residents had the opportunity to pick their own bedroom during their stay. Residents’ rooms were indicated by a photograph of the resident, this was placed on their bedroom door. Residents were afforded privacy during their stay, for example, each resident was given a key to their bedroom and there were locks on toilet and bathing facility doors.
The inspector spoke with a resident living in the residential part of the centre. They spoke of their desire for privacy each day. They told the inspector that the staff that supported them, were respectful and gave them the privacy and independence they needed. They were happy with with the privacy arrangements.

Resident’s meetings were held regularly with documented minutes of meetings. Residents were asked if they were happy with how the centre was run and for their feedback. Food choices were discussed and resident’s likes and dislikes taken into account in meal planning. The reviewed minutes indicated residents were satisfied with the service and some residents had indicated they would like to attend the centre more often.

Resident’s belongings were respected in the centre and residents were given the facilities to safeguard them during their stay. A small cupboard, that could be locked, was in each bedroom. These cupboards gave residents a secure place to leave personal belongings and their medication if necessary. Residents living in the residential part of the centre, also had ample wardrobe space and a cupboard that could be locked to store personal belongings and medication.

The inspector reviewed how resident’s finances were managed in the centre. Each resident had an individualised finance risk assessment. This assessed the residents' ability to manage their finances and the level of support they required. Residents requiring assistance with their personal finances had these needs written in their personal plans and the type of assistance that was needed. This process was also in place for residents availing of the residential unit within the centre. They also had a log of items they had bought for their home with receipts as proof of purchase.

Residents were charged a fee for their stay in respite. Dated and signed receipts were issued to residents as proof of payment. Receipts for purchases made by residents during their stay were also made available for them to bring home. This is further discussed in Outcome 4.

Activities available in and out of the centre were age appropriate and reviewed regularly through consultation with residents. During the inspection the inspector saw residents engage in playing video games, watching television and attending activities out of the centre, for example, going to the cinema. Residents were supported to attend their day service placements and/or work during their stay. This happened in both the respite and residential units of the centre.

**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:**

Residents were supported to communicate at all times in the centre. Effective systems were in place that ensured their individual needs were met.

The organisation had a communication policy. The policy set out to address the total communication needs of residents. It outlined an approach to be used that created successful and equal communication between people with different levels of communication ability and needs.

It also indicated the ways in which the organisation assisted residents to achieve their maximum communication skills potential. This occurred with the help of speech and language therapists and assistive communication technology. An example of assistive communication technology can be an electronic device that helps a person to communicate with others.

Residents each had an individualised communication profile in their personal plan. This documented the resident’s comprehension abilities and their preferred style of expressing themselves, for example, their use of gestures, eye contact or spoken language.

Policies were in an easy to read format for residents and were made available in the centre. Pictures were used as prompts to residents, such as, showing residents where plates and cutlery were to be found in the kitchen. There were signs to identify where toileting and bathing facilities were. The lift was out of order at the time of inspection and a picture sign was in place to indicate this to residents.

Residents had access to televisions in their bedrooms and also in communal areas. There was a notice board in the centre indicating what was on in the locality. This indicated what events were taking place in the local community and clippings of local newspapers and event flyers were available.

Some residents were supported through the use of pictures to tell them what activities were planned for the day. Other residents used communication books which were used between the resident’s home, respite and day service. These communication books were in picture format and helped the resident in understanding their planned day.
**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 their families and friends. Residents' stay in the respite unit of the centre was short and therefore visits did not happen often. However, the person in charge indicated that there visitors were encouraged. The organisation had a policy on visits to guide best practice.

Residents living in the residential unit were supported to maintain links with their family. They spoke about the importance of this to them and how they enjoyed their weekly visits with their family. They were also supported to use the internet to contact family members living abroad.

Residents spoken with talked about personal relationships they had and how these had enhanced their life experience. They were supported to meet friends in private in line with their wishes and personal preferences.

Residents in the residential unit had an individual community action plan. This showed how the resident had been supported to contact various community groups and organisations that were suited to their interests. The resident had volunteered at festivals in the locality and was due to take part in more community based activities in September 2014.

**Judgment:**
Compliant

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**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 agreements with residents, which dealt with their support, care and welfare in the designated centre. These also detailed the services that would be provided to them during their stay there.

Residents that lived in the residential part of the centre had a tenancy agreement, which outlined areas of responsibility they had, for example, keeping the premises clean. It also outlined that they were responsible for payment of refuse collection.

The resident also had a contract of care. This was called an ‘individual service agreement’. It outlined the resident’s weekly contribution to cover heating and electricity expenses.

The two different documents that related to provision of services was confusing. Both needed to be combined to create a comprehensive document that outlined all the information the resident needed to know before signing the agreement.

Contracts of care for residents also needed some revision to include information that was in the organisation’s personal finances policy. It was mentioned in the policy that residents did not have to pay for support staff meals on social trips, for example, unless there was a reciprocal arrangement made. The contracts did not make reference to this.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
Personal plans were in place for residents using the respite and residential services. Residents that availed of respite services had ‘link folders’, which outlined information on their social care needs specific for their stay in respite.

The inspector also looked at the personal plans in place for residents using the residential service. Assessments had been carried out following a person centred planning process and personal outcome measures system.

Of the plans reviewed during the inspection, the inspector found residents were helped to identify and achieve their goals. This happened through a ‘circle of support’ meeting. These were meetings that the resident, their family and significant others in their life attended. Relevant clinicians and staff working with the person also attended these meetings.

Their purpose was to collectively discuss the resident’s goals and aspirations. They discussed real and practical ways for the person and their support staff to achieve these goals. These meetings were a way to assess progress made and to acknowledge achievements.

‘Circle of support’ meetings, in personal plans reviewed, were up to date and goals in place for residents were based on their assessed needs and capabilities. Residents were involved with the review of these goals. The roles of family and support services for residents were identified in plans reviewed. Short- and longer-term goals were identified.

Personal plans for residents also had health plans, communication plans, speech and language assessments and behaviour support plans included. This ensured the information about residents in the plans gave a comprehensive overview of their individualised 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 location and design of the centre was suitable for residents using both respite and residential services. However, at the time of inspection the lift operating between the ground and upper floor, where the bedrooms were, was out of order.

The centre had a good standard of cleanliness. Furnishings throughout were comfortable and the décor was tasteful and modern. The centre was bright with a good source of natural and artificial light. There had been a number of improvement works carried out to address the risks and trip hazards identified on the previous inspection.

A step that led from the kitchen door had been made safer. The provider had added extra hand rails to the steps and ramps outside to ensure trips and falls were reduced. These works resolved a number of hazards identified on the previous inspection.

The shower/wet room in the respite unit had limited storage space for equipment used to help with bathing. This meant the room was cluttered and impacted on resident’s comfort in using the facilities. An action was given by the inspector for this to be addressed. The provider had addressed the issue effectively. The shower/wet room was now a spacious area that could accommodate specialised bathing equipment with enough room for residents to bathe or shower in comfort.

Further improvements had been made to enhance privacy in the respite unit’s bathing facilities. Previously, there had been a small space over the door to allow an overhead tracking hoist move from one room to the bathroom. This space impacted on the privacy of residents using the bedroom or bathroom. The provider had addressed the privacy issue with a made for purpose panel that could be opened and closed to allow the hoist pass through. This panel was closed at all other times and secured with a magnetic strip.

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

In the residential unit there were also adequate facilities for the preparation and storage of food. The unit was furnished to the resident’s taste. Food preparation and storage units were modern and the resident’s bedroom and bathing facilities were spacious and allowed for privacy and comfort. The resident told the inspector they were very happy living there.

Records were available to indicate that equipment in the centre had been serviced as required. However, on the day of inspection the lift operating in the centre was out of service.

The lift had been serviced each year since its installation in 2012. A call out for repair had occurred the day before the inspection. The lift had stopped working while a staff member was using it. Although the person in charge had been prompt in contacting the relevant engineer to repair the lift, it was still out of service as a part needed to be replaced. This meant there were limited facilities in the centre for residents with reduced
mobility, which was not in line with the centre’s statement of purpose.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The health and safety of services users, visitors and staff was adequately provided for in the centre. Previously, the inspector had identified areas that required improvement, including fire safety, hazard identification and infection control.

The provider and person in charge had addressed the issues identified on the previous inspection. However, further improvement was required in infection prevention and control to ensure best practice guidelines were being implemented in the centre.

Potential risks and hazards in the centre were documented in a ‘risk register’. This identified and documented potential risks. Each documented risk had an assessment of the level of risk and risk reduction strategies documented. As previously mentioned in Outcome 6, the provider had addressed some trip hazards identified by the inspector on the previous inspection. Further hazard reduction measures had been put in place in the centre.

The health and safety statement for the centre was up to date. Carbon monoxide monitors had recently been fitted and the person in charge demonstrated to the inspector that they were working. Checks of these monitors would be documented monthly.

A splash guard plate of glass had been inserted on one side of the cooker. The purpose of which, was to reduce the risk of burns to staff, residents and visitors from steam or oil, for example. Cords on blinds in the centre had been fitted with units to reduce the risk of strangulation. There were restrictors on windows in the first floor of the centre to prevent risk of falls from upper floors. These restrictors could be opened however, in the event of a fire to allow evacuation.

Fire equipment in the centre had been serviced for both the respite and residential units in March 2014. Staff had received training in how to use the fire evacuation chair, since the last inspection. Directions for emergency services were on display inside the front entrance. This was a useful guide for staff or residents to use when communicating with...
emergency services.

There was an up to date record of fire drills. Fire drills had been carried out twice in August 2014. Issues of concern were documented after completing fire drills, for example, if a resident refused to move. Plans were put in place to address these issues as they arose. Residents with specific needs had an individualised fire evacuation plan documenting the type of assistance they would need during an evacuation of the centre.

The fire alarm system had been serviced three times between February and March 2014 due to faults causing the alarm to sound when there was no fire. The system had been fixed and there had been no issues since. The fire alarm was serviced during this inspection at 4pm on the 26 August by a certified engineer. No faults were detected.

The inspector noted that thumb locks were on all doors in the centre, this was a measure put in place to make fire evacuation from the centre easier. By using thumb locks on doors staff would not have to locate or use keys during fire drills or if a fire or an emergency occurred.

During the previous monitoring inspection, infection control guidelines for the centre were not sufficient to guide best practice in infection control. For example, guidelines instructed staff to 'clean high risk areas regularly' 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. It did not give an indication of where the high risk areas in the centre were. Since then, the cleaning rota for the centre had been reviewed and updated to give staff clearer instructions of how often certain areas in the centre needed cleaning, for example, toilets and wash hand basins. There was still improvement required in the area of infection control to ensure best practice was carried out.

Cloth hand towels were in use in the centre. The cleaning rota indicated that these were replaced with a clean towel each day. This required review in the respite unit of the centre to reduce the spread of infections and communicable diseases, such as influenza.

**Judgment:**
Non Compliant - Minor

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**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:
Measures to protect residents from being harmed or suffering abuse were in place. However, improvements were necessary to make assessments for bed rails more robust to ensure they guided staff in risk identification. This would also ensure residents, their families, representatives and advocates made informed decisions and consent to their use.

Appropriate action responses were identified in the organisation’s policy. This had been reviewed by the inspector on the previous monitoring inspection. The protection and welfare policy had a flow chart indicating how residents and staff members, including volunteers, would report alleged abuse. It 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 also identified. Their role was to review complaints for the potential of any type of abuse, neglect, mistreatment or exploitation. The person in charge indicated their knowledge of the policy and procedures. They informed the inspector of the steps they would take in response to an allegation of suspected or actual abuse should one occur. There were no allegations of abuse under investigation at the time of inspection.

Residents living in the residential part of the centre indicated they would speak to the person in charge or their support worker if they experienced abuse. There were no restraint practices in use in the residential unit.

Residents in the centre were safeguarded in their use of the internet. The organisation had installed a system to ensure certain websites deemed unsuitable were blocked. This was not to restrict resident’s rights and access to the internet; but to ensure residents could use the internet as independently and safely as possible.

There was an organisation policy on intimate care. Residents requiring assistance with care of this nature had individualised care plans. Of the plans reviewed the inspector noted they were detailed and guided staff how to engage in individualised and dignified intimate care practices.

The organisation policy in relation to challenging behaviour and restraint was also in use in the centre. Staff received training in relation to positive behaviour support, de-escalation and intervention techniques as needed.

On the previous inspection, the inspector had reviewed a support plan. It focused on teaching the resident coping skills thus reducing the incidents of behaviour that is challenging and reducing the need for restraint to be used. It also showed evidence of enhancement of personal skills for the resident and the resident implemented the coping skill independently. This behaviour support plan was still in place for the resident and working well for them at the time of this inspection.
During the previous monitoring inspection no risk assessments had been carried out for the use of bed rails in the respite unit. An action had been given under Outcome 7 for this risk to be assessed. Since then, risk assessments had been carried out. The inspector however, formed the view that the assessments and outcomes from these, did not guide staff effectively in making suitably informed decisions relating to the risks associated with their use.

Without effective evaluation of risk for the use of bed rails, it was not possible for residents and their families/representatives or advocates to make an informed choice or consent to their use. It also impacted on the quality of risk reduction strategies implemented by staff. This area required further review and improvement.

**Judgment:**
Non Compliant - Moderate

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**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

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**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 residents' general welfare and development needs were proactively supported in the centre. A personal outcomes measure assessment was one of the methods used to establish residents' educational, employment and training goals.

Residents in both the respite and residential units had opportunity to attended personal development activities suited to their interests and capabilities, for example, day services, training centres or employment. Residents engaged in social activities within and out of the centre. Residents had choice and autonomy in making decisions of how they wanted to spend their day.

There was evidence of liaison between residents' day centres and the designated centre, which 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 across both settings. 'Link folders' and communication books were used to ensure continuity of care in all settings.

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

Residents spoken with indicated their enjoyment of classes they attended, for example, bog oak sculpting and gardening groups. Other residents engaged in activities that met their specific skill sets, for example, a resident spoken with was an accomplished athlete and had engaged in triathlons and the Special Olympics.

Another 'circle of support' meeting for a resident was reviewed by the inspector, whereby the resident had indicated they would like to make a film. This had been put into action and funding and workshops had been researched to actualise this goal. Filming was to start later this year with a presentation scheduled in the arts centre thereafter.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents' care needs were met and residents were provided with a nutritious and varied diet.

A sample of health care plans were reviewed for residents in both residential and respite units of the centre. Residents were supported to access health care services relevant to their needs. They had access to a general practitioner (GP) and had the autonomy to choose their own GP and pharmacist. Residents also had access to allied health professionals such as speech and language therapists, occupational therapists and behaviour support specialists.

A nutritional screening tool was used to assess residents identified at possible nutritional risk due to health issues. Resident's with swallowing difficulties and at risk of choking had been assessed by a speech therapist. The inspector reviewed a swallowing assessment and diet plan for a resident. Consistency of fluids and meals was indicated in the diet plan for the resident to prevent risk of choking. These care plan interventions were kept in their 'link folder' to ensure consistency of staff implementing these prescribed care interventions across all settings.

Residents had the choice to eat out, order in takeaway or prepare meals in the centre. During the inspection residents told the inspector they really liked the food in the centre and their favourite meals were part of the menu choice available. Food prepared in the centre during the course of the inspection smelt appetising and was nutritious and residents told the inspector they had enjoyed it.

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 the identified education and supports the resident required.

The resident was supported to achieve their best possible health. They had opportunity to attend a gym if they wished, but indicated to the inspector they preferred swimming and mentioned the swimming pool they visited. The resident had good food preparation skills and outlined to the inspector a recipe for rhubarb jam showing the inspector three large pots they had made at an earlier time.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
In a previous monitoring inspection in March 2014 this outcome had a number of non-compliances that needed to be addressed. These related to safe storage of medications in the respite part of the centre. Also, there were no documented centre specific policies and procedures to direct staff in the management of medication in the respite unit. Actions had been completed.

Medication storage in the centre was now safer. Each bedroom had a cupboard that residents could store their medication during their stay in respite. Residents were encouraged to manage their own medication as independently as possible. Staff working in the centre had undergone medication management training, which meant they were more skilled and knowledgeable on its safe management.

To ensure medication was stored more securely, individualised risk assessments were carried out. They assessed residents’ capabilities in being able to independently manage their medication during their stay. Part of this included assessment of their independent use of a key to lock the cupboard in their rooms.

Some residents were assessed as being independent and they kept their bedroom and cupboard keys with them during their stay. Other residents required more help and this was supported. They had their bedroom key with them, but the medicine cupboard key was kept in a secure place in the centre, which was available to them when they needed it.

The person in charge had drawn up centre specific medication management procedures for staff working in respite to follow. This offered staff good guidance on all matters to do with safe management of resident’s medications during their stay. It also outlined what staff should do if a resident refused to take medication at the prescribed time. However, the overall organisation’s medication policy did not give enough guidance on this. The organisation’s policy mentioned that resident’s refusal of medication should be discussed at their ‘circle of support’ meeting and in conjunction with their GP, but this did not guide staff on best practice when the refusal happened.

Judgment:
Non Compliant - Minor

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:**
The statement of purpose for the centre had all the matters set out in Schedule 1 of the regulations. It accurately described the services and facilities provided.

**Judgment:**
Compliant

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**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 changed since the previous monitoring inspection.

The person in charge on this inspection, was suitably qualified with relevant experience commensurate to her role. The main duties and responsibilities in her job description were identified as leadership, management and co-ordination of the service she was responsible for. The person in charge reported to the regional services manager, who reported to the CEO, who in turn reported to the Board of Directors.

There was documented evidence to show that quality audits had been carried out in the centre by the provider. These showed were improvements necessary were identified and actions given by them to improve overall service quality.

The inspector conducted an interview with the person in charge during the inspection. She gave a good outline of what she would do in the event of a fire and in response to an abuse allegation reported to her. The person in charge had worked for a number of years in the centre and demonstrated good knowledge of residents and organisational procedures.
The inspector noted that actions given in the previous inspection report, relevant to the person in charge, had been completed comprehensively. She was supported to do so by the regional area manager, who, was also a person participating in management (PPIM).

There was documented evidence that the person in charge had engaged in regular supervision of staff working in the centre. She had also been present for resident meetings to ask questions and hear their feedback. Residents and staff were very familiar with the person in charge and were at ease in her company. They indicated they could approach her if they had a complaint or issue.

The person in charge had autonomy over staffing rosters for the centre. She made decisions in relation to skill mix for the centre using a dependency assessment tool. This assessed the level of resources residents attending respite at any given time may need. This was evidence of sound governance and management of the centre demonstrated by the person in charge.

The person in charge received supervision from the regional area manager, also referred to in the report, as the PPIM. There was documented evidence to show this occurred regularly. The PPIM assisted the person in charge and inspector during the course of the inspection and demonstrated a good knowledge of the running of the centre.

There were clear lines of governance and management at the time of inspection. The person in charge worked in a full time permanent post of 29.6 hours. These hours included sleep over time in the centre and working on roster. In preparation for this inspection the person in charge had worked for a period of time off roster. This meant she did not work directly with residents or engage in sleep over shifts, but dedicated her time to tasks specific to her role. However, this arrangement was intended to revert back after the inspection. The inspector highlighted that compliance and governance of the centre may not be implemented as effectively when the person in charge worked on full time roster.

**Judgment:**
Non Compliant - Moderate

**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 of the centre had been on leave for more than 28 days. A notification had been sent to the Chief Inspector in relation to this outlining the arrangements in place during her absence.

The person in charge, regional manager and provider had demonstrated knowledge of their regulatory responsibilities. The centre had been suitably managed in her absence. The person acting as the person in charge during her absence was interviewed on the previous monitoring inspection and had demonstrated knowledge and skills to meet the needs of the role and the needs of residents and staff she supported.

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 residents that used the respite and residential service. Residents that used the residential service were supported in part through a number of funding sources. With these resources residents using the residential part of the centre, had achieved greater integration within their community, more independence and access to opportunities they may not have previously had.

As mentioned in Outcome 14, the person in charge had commenced using an assessment tool to assess the level of needs for residents that used the respite service. This tool assessed resident’s needs under headings such as transport requirements, health support needs and personal care. Staffing resources were based on the outcomes of the assessment and staffing and skill mix resources were allocated accordingly.

A copy of rosters and assessed needs for residents were reviewed by the inspector. The inspector was satisfied that the use of this assessment of need had provided the person in charge with an evidence based reason for the staff allocation and skill mix to meet the needs of residents at that given time.

The centre was also well resourced with equipment to ensure resident's comfort and independence. The centre had high low beds, an over head tracking hoist, assistive bathing equipment and a fire evacuation chair for residents with reduced mobility.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector satisfied was that there was enough staff working in the centre during the two days of inspection however, additional training was required.

Improvements in the documentation of staff roles on the staffing rosters was noted and the action from the previous inspection had been completed by the person in charge.

Staffing numbers and skill mix were appropriate to resident’s assessed needs. Staffing in the centre was allocated for times when residents were in the centre, for example 7am to 10 am and from 4pm to 12 midnight. There were also allocated sleep over staff in the centre.

No volunteers worked in the centre at the time of inspection. A sample of staff files were reviewed as part of the inspection process. On the previous inspection, An Garda Síochána vetting documentation was not kept in the staff files but in the central human resources office.

During this inspection, staff files still did not all contain An Garda Síochána vetting documentation. The regional area manager contacted the human resource department and copies of these were made available for the inspector to review before the close of inspection. These copies were then transferred to the relevant staff files maintained in the centre.

Training records showed ongoing training for all staff working in the centre. From records reviewed, staff had received ongoing and fresher training in areas such as first aid, managing challenging behaviours, person centred planning, food and nutrition and fire safety.

As mentioned previously in the report, staff had received further training in medication management and use of the fire evacuation chair. However, the inspector noted that
Staff did not have training in the area of infection control, management and prevention. While evidenced based practice care plan initiatives were in place in some resident’s intimate care plans; staff did not have the training to ensure oversight and review of these plans. This required review, as the organisation’s policy on infection control did not give specific guidance on staff procedures to be implemented relating to communicable diseases, such as Hepatitis B.

**Judgment:**
Non Compliant - Moderate

### 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. 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 also. The statement of purpose and resident’s guide were available in the centre and the most recent inspection report was available to residents, their family and visitors. The centre was insured and this was up to date.

Information relating to residents and staff were securely maintained in the office of the centre and were easily retrievable. A directory of residents was up to date and met the requirements outlined in Schedule 3.

**Judgment:**
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001755</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>26 August 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26 September 2014</td>
</tr>
</tbody>
</table>

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:

Information with regard to the organisation's policy and procedures for payment of staff meals and drinks during supported social outings was not specified in the contracts of care.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
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 during the inspection that this would be elaborated on and included in the contracts of care in future.

Proposed Timescale: 01/11/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident’s tenancy agreement and contract of care set out fees charged to the resident but on two different documents, with some fees specified on one and fees specified on the other. One comprehensive document setting out all matters in regulation 24 (4) (a) was required to ensure the resident was fully informed.

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:
The two documents will be integrated into a single document.

Proposed Timescale: 22/09/2014

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 lift was out of order at the time of inspection.

Action Required:
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.
Please state the actions you have taken or are planning to take:
Person in charge has been in regular contact with the lift company and the lift will be repaired and fully functioning.

Proposed Timescale: 30/09/2014

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:
Hand washing facilities in the respite centre required review to ensure best practice guidelines were implemented to reduce the risk of spread of communicable diseases.

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.

Please state the actions you have taken or are planning to take:
Paper towels will be used at all hand washing facilities.

Proposed Timescale: 30/09/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Assessments for the use of bed rails required review to ensure they were robust, informed staff in decision making in relation to risk and ensured residents, families/representatives and advocates had access to informed decision making and consent to their use.

Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
The bed rails assessment and related risk assessments will be revisited to meet the criteria.
Circles of support will be called for individuals who use bed rails to highlight risk assessment, risks and alternatives with families to ensure all are aware of risks involved. Should it be deemed bed rails are necessary and the person and their family give informed consent to their use, agreement will be signed for their use. – 25th October 2014.

**Proposed Timescale:** 25/10/2014

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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:**

More guidance was needed in the organisation's medication administration policy with regards to medication refusal and the immediate management procedures staff must carry out in response to this.

**Action Required:**

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

A statement which specifies our current practice will be circulated as a clarification to the policy.

**Proposed Timescale:** 24/10/2014

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

Though management roles were clearly defined at the time of inspection, it was intended that the person in charge would revert back to working on roster again which, impacted on the definition of their role in the governance and management of the centre.

**Action Required:**

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.
Please state the actions you have taken or are planning to take:
The standards of the designated centre will continue to be monitored through the Regional Service Manager and the organisations internal inspection process. Roster arrangements will be reviewed in the light of findings to ensure that standards remain high.

Proposed Timescale: 01/12/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff required training in best practice infection control management to ensure they had the skills required commensurate to the duties they carried out.

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

**Please state the actions you have taken or are planning to take:**
Organizational Health and Safety Officer will facilitate a session with staff team around Standards for Infection Prevention and Control in the Community.

Proposed Timescale: 14/10/2014