**Centre name:** A designated centre for people with disabilities operated by Western Care Association

**Centre ID:** OSV-0001780

**Centre county:** Mayo

**Type of centre:** Health Act 2004 Section 39 Assistance

**Registered provider:** Western Care Association

**Provider Nominee:** Bernard O'Regan

**Lead inspector:** Jackie Warren

**Support inspector(s):** None

**Type of inspection** Announced

**Number of residents on the date of inspection:** 6

**Number of vacancies on the date of inspection:** 0
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
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<td>21 August 2014</td>
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The table below sets out the outcomes that were inspected against on this inspection.

| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs                                    |
| Outcome 06: Safe and suitable premises                          |
| Outcome 07: Health and Safety and Risk Management               |
| Outcome 11. Healthcare Needs                                    |
| Outcome 12. Medication Management                               |
| Outcome 13: Statement of Purpose                                |
| Outcome 18: Records and documentation                           |

Summary of findings from this inspection

This was the first inspection of this centre by the Authority. The inspection was announced and took place over one day.

This centre accommodates male and female residents over the age of 18 years who require full time support and care.

The centre was a two storey building divided into two self-contained units. Each unit was comfortable, appropriately furnished and well maintained.

As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as personal plans, medical records and policies and procedures.

The inspector found that residents received a good quality service. Staff were very knowledgeable regarding each resident's needs and the inspector was satisfied that individual needs were being met. Staff supported residents in making decisions and choices about their lives.

Staff and residents knew each other well. Residents were relaxed, happy and comfortable in the company of staff.
Some improvement to identification of risks and infection control management was required.
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 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):**

This was the centre’s first inspection by the Authority.

**Findings:**

The agreement of contracts for the provision of services was in progress. The organisation had recently developed contracts for the provision of services which detailed the support, care and welfare of each resident and included the details of the services to be provided for that resident and the fees to be charged. Each resident/their representative had recently been supplied with a copy of the contract for their consideration and agreement and the person was awaiting the finalisation of these agreements. Residents' representatives were also provided with copies of the statement of purpose and the National Standards in conjunction with the contracts.

There had been no recent admissions to the centre as all of the residents had lived in the accommodation for many years.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

**Theme:**

Effective Services
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that each resident's social wellbeing was maintained by a high standard of care and support. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue individual interests appropriate to their individual preferences both in the centre and in the community.

Each resident had a personal plan. The plans contained important personal information about the residents’ backgrounds, including details of family members and other people who were important in their lives. Plans set out the resident's individual needs and short and long term life goals and there was evidence of review and participation by residents in the development of their plans. Each resident had an identified circle of support consisting of their families, friends and key workers and these groups met every six months. A range of topics relevant to the resident's life and wellbeing were discussed at these meetings. Annual action plans were developed which laid out agreed goals for pursuing objectives within agreed time frames and these were included in personal plans. Progress in achieving these goals was recorded in the plans.

Each resident had a personal plan folder titled 'My life - my plan' maintained in an accessible format. The inspector found all plans reviewed were of a high standard and were well maintained. Staff demonstrated good knowledge of residents plans and one resident discussed the plan with the inspector. It was clear that residents were very involved in the decision making process in their care services. Residents participated in a variety of activities such as swimming, cycling, reading, walking and meeting family and friends. Photographs of residents involved in various sporting and leisure activities were displayed in their bedrooms and residents showed the inspector trophies, medals and other awards for their achievements which they displayed in their rooms. On the day of inspection one of the residents went out to lunch accompanied by a staff member, another told the inspectors about visits to her family and some work that she was involved in and enjoyed, while another was looking forward to a visit home the following day.

There were a range of activities taking place in the centre and all residents were supported to attend local resource services. The inspector observed staff supporting and facilitating activities during the inspection. Residents confirmed that their individual interests were supported.

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):**

This was the centre’s first inspection by the Authority.

**Findings:**

The inspector found that the centre was well maintained and comfortable. The physical layout and design of the house was suitable to meet the needs of the residents.

The centre was a detached house which was clean, suitably decorated and comfortable and was well maintained both internally and externally. The house was set in spacious grounds, which included a secure lawn area as well as a large enclosed fruit and vegetable garden. The garden was well laid out and included several recreational features such as a summer house with decking and a music centre where residents could relax. Most residents were seen using the garden on the day of inspection.

All bedrooms were for single occupancy. There was also a self contained apartment in the building occupied by one resident, which was also comfortably furnished, personalised and well decorated. All residents had adequate personal storage space including safes to store valuables and had keys to their own bedrooms. Two bedrooms had en suite toilet and shower facilities. There were also two additional bathrooms, both with baths and showers and there was a separate toilet and hand wash basin.

The kitchen was spacious and included ample dining space. This area was well equipped, comfortably furnished with clean. Some residents participated in meal preparation and wash up with staff. Colour coded chopping boards and aprons were supplied to promote food safety management. There was a plentiful supply of foods available, both fresh and frozen plus fruits and juices.

There was a sitting room for residents’ use and a separate small sitting room as well as a multi-sensory room was being developed. There were laundry and sluicing facilities in the building and storage facilities provided outside for general storage. An additional en suite bedroom on the ground floor was reserved for staff use. The person in charge’s office was on the first floor.

All the residents were independently mobile and did not require specialised equipment or aids.
**Judgment:**
Compliant

**Outcome 07: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector noted that while there were good systems in place to manage risk, improvements were required to the identification and control of risks in the centre. The provider had also identified some required fire safety works to fully comply with the Regulations and there was a plan of work to address these, which were due to commence shortly.

A full fire safety assessment of the house had recently been completed by the organisation’s health and safety officer, the maintenance person and an external consultant and some structural deficits were identified. Work to address these was due to commence in mid-September and was scheduled for completion in October 2014.

There was a safety statement, which included risk identification and control measures. While a range of risks throughout the building were identified, some of the control measures were not adequate to guide practice. For example, there was insufficient detail to guide staff in managing the risks associated with food preparation and use of kitchen equipment and infection control. In addition, the inspector found that the hot water supply at wash hand basins was extremely hot and posed a scalding risk to residents. The inspector read the risk management policy and found that it was informative and provided guidance on evaluating risks and developing personal risk management plans specific to each resident.

The inspector reviewed the infection control policy and was concerned that it did not provide adequate guidance in aspects of infection control such as household cleaning and cleaning detergents, management of infectious illnesses and hand washing.

The inspector reviewed fire safety policies and procedures. Records indicated that all fire fighting equipment had been serviced in April 2014 and the fire alarm was serviced on a six monthly basis. All staff had received formal fire safety training and staff spoken with confirmed that training took place and were confident in knowing what to do in the event of a fire. Regular fire drills took place involving all residents and staff. Records of all fire drills were maintained, and included the time taken and comments recorded for learning. Some residents told the inspector what they would do in the event of hearing the fire alarm.
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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that residents were supported on an individual basis to achieve best possible health, that residents’ healthcare needs were met and that they had access to appropriate medical and allied healthcare services.

All residents had access to General Practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GP's reviewed residents on a regular basis. Residents had access to a range of health professionals. Records of referrals and appointments were observed in residents' files. The inspector saw that health plans were in resident files and that these plans were regularly reviewed, updated and they guided practice. For example, in a file viewed the plan helped details of regular plans for visits to the dentist and chiropodist, in addition to planned arrangements for blood pressure and breast check screenings. The inspector found staff were knowledgeable regarding individual residents health needs.

The inspector was satisfied that residents’ nutritional needs were well monitored. All residents were nutritionally assessed using a validated tool. Care plans were developed and meal plans adjusted to address identified needs. Residents dined together at a large table in the kitchen and indicated to the inspector that they were enjoying their food. Choice was facilitated through consultation with residents and the recording and rotation of menus. Residents were encouraged to eat healthily and maintain balanced diets.

Residents had access to drinks and snacks and to the kitchen at all times. Staff baked confectionery and scones regularly and fresh fruit was readily available. Some residents participated in preparation of meals, setting the tables and washing up. A resident showed the inspector photographs of herself baking.

At the time of inspection all the residents were in good health, none had wounds and no specific nursing interventions were required.

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):
This was the centre’s first inspection by the Authority.

#### Findings:
This outcome was not fully inspected at this inspection but the prescription and administration of medication was reviewed.

There was an informative medication policy which provided guidance on medication management including prescribing, administration, PRN (as required medication), self-administration storage and disposal of medication.

At the time of inspection none of the residents self-administered their medication or required their medication to be administered crushed. All medications, including medications requiring refrigeration, were stored securely.

The inspector reviewed a sample of prescription/administration charts and noted that they contained the required information to enable staff to safely administer medication. All medications were individually prescribed and were regularly reviewed by the GP.

Three staff had received training in medication management and additional staff training was scheduled to take place in the near future.

#### 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):
This was the centre’s first inspection by the Authority.
Findings:
The inspector reviewed the up to date statement of purpose and noted that it complied with the requirements of the Regulations. It accurately described the services provided and was demonstrated in practice. The statement of purpose was due for review in November 2014.

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):
This was the centre’s first inspection by the Authority.

Findings:
This outcome was not fully reviewed at this inspection, but the person in charge showed the inspector the residents guide and the recently developed directory of residents.

The directory of residents was comprehensively completed and contained all the required information.

There was a residents guide which was generally in line with the Regulations, but required some further development, as it did not sufficiently reflect all the required information, such as the terms and conditions relating to residency and clear guidance on how to access inspection reports.

All records as requested during the inspection were promptly made available to the inspector.

Judgment:
Non Compliant - Minor
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:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>OSV-0001780</td>
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<tr>
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<td>21 August 2014</td>
</tr>
<tr>
<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 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:
While a range of risks throughout the building were identified, some of the control measures were not adequate to control risks.

Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The Manager and the Health and Safety officer have met to address the identified risks in the Hazard Identification sheets and to review the control measures in place. A review of the emergency plan is also currently being undertaken. Any additional controls required as a result will be identified and addressed

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

**Theme:** Effective Services

The **Registered Provider** is failing to comply with a regulatory requirement in the following respect:
The inspector found that the hot water supply at wash hand basins was extremely hot and posed a scalding risk to residents.

**Action Required:**
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
Maintenance work is to commence on 6.10.2014 to install thermostatic safety valves on all sinks and showers and baths. The Manager has erected signs at all sinks warning the dangers of the hot water and has also identified the danger in the hazard identification sheets to warn all staff and service users. The maintenance work is scheduled to be completed by 21/11/2014.

**Proposed Timescale:** 21/11/2014

**Theme:** Effective Services

The **Registered Provider** is failing to comply with a regulatory requirement in the following respect:
The infection control policy did not provide adequate guidance in aspects of infection control such as household cleaning and cleaning detergents, management of infectious illnesses and hand washing.

**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:
The Manager had developed service specific guidelines in relation to infection control. The manager has also developed guidelines on good practice for hand washing for staff and service users that is on display throughout the service. A cleaning manual and checklist for staff and service users to implement correct household cleaning and the use of detergents has also been developed. Infection control guidelines have been developed for staff to correctly support a service user in the service and this is in her individual plan and her ensuite bathroom.
**Outcome 18: Records and documentation**

**Theme:** Use of Information

The **Registered Provider** is failing to comply with a regulatory requirement in the following respect:
The residents guide did not include sufficiently clear guidance on how to access inspection reports.

**Action Required:**
Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

Please state the actions you have taken or are planning to take:
The registered provider will review the Residents guide at organisational level with a view to addressing the issue of offering clear guidance on how to access inspection reports in the designated centre.
In addition the Manager will ensure the report once published will be discussed at house meetings with all service users and a copy of the report will be given to families. One service user who uses the computer will be supported to use the HIQA website to access the report once published.

**Proposed Timescale:** 21/11/2014

**Theme:** Use of Information

The **Registered Provider** is failing to comply with a regulatory requirement in the following respect:
The residents guide did not sufficiently reflect the terms and conditions relating to residency.

**Action Required:**
Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

Please state the actions you have taken or are planning to take:
The terms and conditions relating to residency are outlined in the Individual Service Agreements contained in each person’s Individual Plan. In addition the residents guide will be reviewed at an organisational level with a view to addressing the gaps identified in this inspection.

**Proposed Timescale:** 21/11/2014