

**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-0003703
<b>Centre county:</b>	Mayo
<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>	Nan Savage
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	
<b>Number of vacancies on the date of inspection:</b>	

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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**

From:	To:
17 September 2014 11:30	17 September 2014 17:30
18 September 2014 10:00	18 September 2014 17:30

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**

As part of the inspection, the inspector met with the residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. The inspector also reviewed a questionnaire received during the inspection. The person in charge was on leave at the time of inspection and as part of the registration process, deputising arrangements for the person in charge were reviewed. The inspector met with other members of the management team including the regional service manager and had previously met the person acting on behalf of the provider in a different centre operated by the same organisation.

During the introduction to the inspection the person in charge and regional service manager described the care needs of the resident and the recognised approaches used to respond to these needs. The inspector ensured that the inspection was carried out in accordance with the approaches described and at times which suited the needs of the resident.

The centre provided an individualised service and operated from a detached domestic style bungalow. The inspector found that overall there was a very good standard of care and support provided to the resident. There was evidence of a high level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 in many areas although improvement was required in some areas. In particular, significant improvements were required to aspects of fire safety.

Staff and the resident knew each other well and the resident was observed to be relaxed and comfortable in the company of staff. Staff were very respectful towards the needs of the resident and supported the resident to guide relevant aspects of the service provided including daily activity.

Systems were in place to support the resident on an individual basis to achieve the best possible health that included individualised assessment and care planning to meet the resident's needs. This system was supported by strong links with the behavioural support team and multidisciplinary professionals.

Non compliances identified by the inspector related to areas including aspects of risk management and fire safety, policies and procedures and staff arrangements, which are discussed further in the report and included in the Action Plan at the end of this report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 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):**

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

**Findings:**

Measures were in place to respect the resident's privacy and dignity and enable the resident to exercise choice and control over their life in accordance with preferences and to maximise independence. A complaints process had been implemented, although some improvement was required to the complaints policy and procedure.

Overall there was a good standard of evidence-based care and support provided although improvement was required to the procedure followed after incidents that involved possible self induced head trauma.

The inspector found that appropriate neurological monitoring was not completed after all incidents of possible head trauma. The inspector noted that guidelines were available from the general practitioner (GP) regarding the signs to observe for after this type of incident.

The inspector noted that the resident was central to decision making regarding the most appropriate care to suit their individual needs. There was evidence that the resident was consulted with and participated in decisions about their care where possible and about the running of the service and their daily activities. For example, the pace of day to day happenings in the centre were based around the resident's needs. The resident was also directly involved in a variety of purchases for the centre including choosing furnishings and household items.

The resident's rights were promoted and supported by the provider, person in charge and staff. The resident had a personal risk management plan in place that included the

strategies in place to balance the safety of the resident and support their rights. An individualised assessment of the resident's rights had been completed which considered any restrictions that were in place. The findings of this assessment were reviewed by the organisation's rights review committee. The person in charge and regional service manager were in the process of addressing some recommendations that had been put forward by the committee.

The centre had a complaints management system in place, which included a complaints policy and procedure but it did not meet all of the requirements of the Regulations. For instance, the policy did not clearly identify the nominated person with a monitoring role who ensures that the required procedures were followed and paperwork completed. The document that was titled complaints procedure had not been tailored to the individual service and was not in a user friendly format. Other information was displayed that provided clearer guidance on the complaints process. The inspector viewed the complaint's log and noted that no complaints had been received.

While there was a wider advocacy forum established within the organisation, the inspector noted that arrangements had not been implemented in this centre to facilitate easy access to an advocacy service.

The inspector saw staff interacting with the resident in a respectful and considered way that also supported the dignity and privacy of the resident. A comprehensive intimate care plan was in place that guided staff in meeting the resident's personal care needs and staff were very familiar with this plan. Staff had used the organisational policy on intimate/personal care to develop this plan. The inspector also noted that private information that related to the resident was safely and securely stored to ensure confidentiality and data protection.

Staff demonstrated in-depth knowledgeable of the resident's needs and preferences and this reflected information and guidance that was documented in the care plans and recorded into the daily records.

There was a system in place to ensure the resident's financial arrangements were safeguarded. There was a policy in place on the management of residents' monies including belongings and valuables but this policy had not been fully implemented. For example, a specific form for all property kept in the centre was not in use. The inspector viewed a sample of financial records and found that the records had been maintained up to date and corresponded with receipts and the balance checked by the inspector. The inspector noted that an audit of financial transactions had been completed by the organisation's financial controller.

**Judgment:**

Non Compliant - Minor

**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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The inspector was satisfied that the resident was supported and assisted to communicate in line with their needs and preferences.</p> <p>Staff were well informed regarding the communication requirements of the resident and the inspector observed appropriate communication that resulted in positive outcomes for the resident. The resident's communication needs were detailed in individualised personal planning documentation and supports were identified where necessary. The inspector noted that staff had received training on specific communication strategies.</p> <p>Input had been sought from the speech and language therapist (SALT) and recommendations made had been implemented to enhance the resident's ability to communicate.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 03: Family and personal relationships and links with the community</b> <i>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.</i></p>
<p><b>Theme:</b> Individualised Supports and Care</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The inspector was satisfied that family were encouraged to get involved in the life of the resident and the resident was supported to establish links with the wider community where possible.</p> <p>There was evidence that relatives attended meetings when necessary and suitable arrangements were put in place to facilitate for the resident to meet family. The inspector also noted that the resident's next of kin attended personal plan meetings and reviews, however, there was limited documented evidence that the resident was involved, where possible. A required action relating to this is included under Outcome 5.</p>
<p><b>Judgment:</b> Compliant</p>

**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:**

An individualised service was provided and there were no planned admissions.

There was an agreed written contract of care in place which outlined the support, care and welfare of the resident. However, some details of the services to be provided had not been individualised to the resident and the fees to be charges were not clearly identified.

**Judgment:**

Non Compliant - Moderate

**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 found that the care and support provided reflected the resident's assessed needs, interests and capabilities and was supported by a high standard of evidence-based care. This care and support was described in a personal plan. There were opportunities available for participation in meaningful activities that were appropriate to the interests and preferences of the resident.

The resident's care needs were assessed and documented in an individual personal plan which guided staff on how to respond to those needs. A range of documents were in

use including the 'my life my plan' which included important details about the residents' likes and dislikes, communication aids, family members and other important people. The plan also included a summary of the resident's personal outcomes and action plan with regular progress updates to monitor that the resident's main priorities are being achieved. There was evidence that the resident's representatives had been involved in the development of their personal plans and that staff provided support however, there was limited documented evidence that the resident attended part of the personal plan meetings and reviews, where possible.

Tailored activities were available both in the centre and out in the community and a plan was devised for the resident each day which was adjustable depending on the resident's expressed wishes and needs. A visual illustration of the daily plan was displayed for the resident and this had assisted the resident to understand when things were happening. The inspector observed some of the activities that took place during the inspection and noted that the decision to participate in specific activities were very much lead by the resident. Records viewed by the inspector showed that activities took place on a regular basis. Transport was available to the resident and was used frequently as an integral part of connecting the resident to the community and facilitating activities.

There was evidence that supports were in place to ease transition between services. The resident was accompanied when attending appointments. The inspector was shown a document called the 'passport' which had been developed. This document had been designed in a user friendly format and would accompany the resident on admission to general services.

**Judgment:**

Non Compliant - Minor

**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 centre was well located close to a town centre and a range of local amenities. The inspector found that overall the location, design and layout of the centre was suitable for its stated purpose and met the resident's individual needs in a comfortable and homely way. There was appropriate equipment for use by the resident and staff and there was a good standard of cleanliness noted. Some improvements were required to areas of the centre.

While there was a maintenance programme in place and a considerable amount of planned maintenance work had been completed recently, the inspector identified some areas that required further improvement. For example, there were appropriate means of heating and ventilation in all areas of the centre apart from the resident's bedroom. At the time of inspection the weather was very mild and the inspector found that the bedroom was not cold or overheated during the inspection. The inspector read in an associated documentation that the ventilation and heating in this bedroom had been reviewed, however, there was no clear timeframe when assessed works would be completed. The inspector noted that the hot water tap at the hand-wash basin in the visitors' toilet was not working properly.

The inspector found that the centre was overall maintained in a very clean state although an area of damaged tiles in the staff shower did not enable effective cleaning of this area. Prior to the inspection, this area had been identified for repair and was included on a list of works for completion.

The inspector saw that the centre was generally domestic in style and nicely furnished with personal effects to suit the needs and preference of the resident. The resident had been supported to input into the decisions made regarding furnishings, for example, staff described how the resident had picked specific bed linen and other items based on a favourite colour.

The internal layout of the centre had been designed around the individual needs of the resident. Modifications had been made in some areas of the centre in order to promote the safety of the resident. The inspector noted that these modifications were only made as a last resort when a new hazard presented that placed the resident at potential risk of harm. Some areas of the centre had been repainted and the inspector noted that where possible, consultation took place with the resident regarding the choice of colours.

There was adequate toilets and washing facilities to meet the needs of the resident. Appropriate facilities were also available in the kitchen and laundry.

The outdoor areas adjacent to the centre were well maintained and accessible to the resident. Feeding stations for birds had been erected outside the living room window and this had created interest for the resident.

**Judgment:**

Non Compliant - Minor

**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 found that the health and safety of all was promoted and protected although, improvement was required in aspects of risk management and fire safety.

The inspector was concerned that adequate control measures were not in place to ensure unauthorised persons did not gain entry to the centre. This was brought to the immediate attention of the person in charge who addressed the matter immediately during the inspection.

There was a risk management framework that included an organisational and localised health and safety statement, a risk management policy and formalised precautions for specific risks identified in the Regulations. The risk management policy was up to date and provided good guidance on areas of risk management such as risk assessment, development of personal risk management plans and balancing safety and rights.

Hazard identification and risk assessment had been completed for different areas within the centre such as the living room, kitchen and toilets. Some risks required updating to reflect additional appropriate control measures that had been implemented such as controlled access to specific toilets that had previously posed a risk of harm to the resident.

The provider had identified areas within the centre that required remedial work to improve the level of safety and comfort. While plans were being progressed, it was not clear when some of these works would be completed. For example, a health and safety officer had visited the centre during September 2014 and identified fire safety works that needed attention. The inspector also noted during the inspection that some areas of the physical environment did not appear to be adequately fire proofed including some internal doors. At the time of writing this report, the Authority had not received the required fire safety and building control declaration to verify that the centre was in substantial compliance with other relevant regulations and enactments.

There was also no mechanism to control the temperature of the water supplied to some basins and the inspector found that the water was not suitably heated to ensure hygienic hand washing. The person in charge responded promptly during the inspection and before the end of the inspection showed the inspector correspondence that these issues were now included in the action plan to improve the physical environment.

While arrangements were in place regarding formal training in fire safety, some improvement was required to ensure all staff had up to date training in this area. Staff spoken with and a sample of training records viewed by the inspector confirmed that most staff had received this training in March 2014. However, the inspector noted that one staff member had not received formal fire training in this centre. The inspector found that staff were knowledgeable regarding fire safety evacuation procedures and the use of fire fighting equipment.

There were a range of other fire safety controls that were adequately implemented including a programme for the servicing fire safety equipment and completion of regular internal fire safety checks. The inspector read that fire drills were carried out regularly

and important details such as the effectiveness of the drill were recorded and any required actions that were taken. The procedures to be followed in the event of fire were displayed in prominent locations and a personal emergency evacuation plan had been developed for the resident.

There was an emergency plan in place which guided staff on what to do in the event of emergencies. The plan also detailed arrangements for emergency accommodation. The person in charge had maintained an emergency box in the centre which stored various relevant items to be used in an event of an emergency.

A visitors' book had been implemented and an associated policy was also in operation to inform practice.

From the sample of records viewed and staff spoken with confirmed that staff had attended training in minimal moving and handling.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

There were a number of measures in place to protect residents from being harmed or suffering abuse, although some improvement was required to the policy on the prevention, detection and response to abuse.

There was a policy implemented on the prevention, detection and response to abuse that provided good guidance to staff on areas such as the detection of abuse. However, the policy did not include guidelines on how to appropriately investigate an allegation of abuse and did not reference the requirements in relation to reporting any allegations of abuse to the Chief Inspector. The inspector was informed by the provider that this policy was currently under review. A required action relating to this matter is included under outcome 18.

Staff described clearly the procedures that they would follow should there be an allegation of abuse. Staff that spoke with the inspector and training records viewed

confirmed that staff had received formal training in this area.

Emotional, behavioural and therapeutic support was provided that promoted a positive approach to behaviours of concern. The inspector observed staff interacting with the resident in a way that met the resident's needs. Staff displayed comprehensive knowledge of communication strategies that they used and which had helped to support the resident in achieving positive outcomes. A daily record was maintained and contained good details in relation to areas including the resident's form and routine.

There was a policy in place guiding the management of behaviours of concern and there were systems in place for the management of these behaviours. This included access to behaviour specialists and implementation of detailed behaviour support plans. However, the policy had not been fully implemented as it referenced the completion of a functional assessment which had not been carried out.

A restraint free environment was promoted and where restrictive practices were in use this practice had been assessed and kept under review.

**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):**

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

**Findings:**

Practice that related to notifications of specific incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents and to date all relevant incidents had been notified to the Chief Inspector.

The inspector viewed a sample of incident records and noted that required information was well recorded and the incidents were reviewed by management to identify any possible learning outcomes that would improve service delivery. However, the inspector noted that appropriate neurological monitoring was not completed after all incidents of possible head trauma. A required action relating to the matter is included under Outcome 1.

**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):**

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

**Findings:**

The general welfare and development needs of the resident were promoted.

The resident had been afforded the opportunity to attend various activities including activities in a day service and been an active member of a local walking club. The inspector found that the resident's participation in activities was based on the resident's current needs and expressed preferences. The inspector noted that if the resident did not wish to attend or peruse a particular activity that the resident's choice was respected.

The resident was supported by staff to take part in particular interests. Care plans and daily records documented the activities that the resident took part in. The inspector noted that the resident was currently not involved in an employment scheme as this was deemed not suitable for the resident at present.

**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):**

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

**Findings:**

The inspector found that systems were in place to support the resident on an individual basis to achieve the best possible health. There was evidence that the resident's healthcare needs were regularly reviewed with appropriate input from medical and other allied healthcare services.

The inspector reviewed the resident's individual plan and a sample of medical notes and

noted that there was access to a general practitioner (GP), out of hours GP service and to a range of allied health services including speech and language therapists (SALT) and medical specialists. Records of referrals and appointments were maintained and recommendations were reflected in the individual plan.

The inspector was satisfied that the resident's nutritional needs were well monitored and included the use of a recognised assessment tool and monitoring of the resident's weight. Staff spoken with were conscious of ensuring that the resident received a healthy, balanced and nutritious diet and facilitated healthy options choices. The resident had access to the kitchen, drinks and snacks at all times. Fresh foods were available and herbs that were grown by the resident were used in meals including juice drinks.

**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:**

The inspector found that systems were implemented to protect the resident in relation to the management of their medication and medication practices were in accordance with the medication management policy.

Medications were securely stored and there were suitable arrangements in place for the disposal of medications. While there was no self-medication at the time of inspection, the inspector noted that staff had been proactive and a risk assessment had been completed to determine the appropriateness for the individual resident.

The staff spoken with were familiar with their role and responsibility as regards medication management and had completed training in this area. The inspector viewed prescription and medication administration records and found that they were complete.

Measures were in place for the management of medication errors and the inspector read how a recent medication error had been appropriately recorded and responded to in accordance with the centre policy and procedures.

**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 found that the statement of purpose met the majority of the requirements of the Regulations. Some required information that related to the arrangements for the supervision of specific therapeutic techniques was absent. The regional service manager reviewed this document during the inspection and the amended version fully complied with the Regulations and accurately described the service that was provided in the centre.

**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):**

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

**Findings:**

Management systems were in place that supported and promoted the delivery of safe, quality care. The provider had established a clearly defined management structure that identified the lines of authority and accountability.

As detailed under Outcome 15, the person in charge was on leave and contingency arrangements had been put in place. The inspector found that the person in charge at the time of inspection had good oversight of the service and was clear about the various roles and responsibilities of staff. Since completion of the inspection, the person in charge has not returned to work. As part of the registration process, the Authority

intends to carry out an interview with the person in charge on her return and review the current management arrangements in the centre.

There were systems in place to monitor the quality and safety of care. This included an audit of the financial arrangements, monitoring of incidents and regular meetings to review the resident's progress and current needs. Process had also been implemented to facilitate the engagement of staff involved in the delivery of care to the resident. This had resulted in improving outcomes for the resident and subsequently achieving compliance with the Regulations and Standards.

**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):**

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

**Findings:**

The regional service manager who represented the provider on the inspection, was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

At the time of inspection, the person in charge was on leave and appropriate cover arrangements had been put in place. An experienced social care worker was currently fulfilling the post of person in charge and demonstrated good understanding of the person in charge's legal responsibilities as set out in the Regulations. Throughout the inspection she demonstrated commitment to meeting the needs of the resident and service development.

The person in charge was also supported by the regional service manager. This manager also demonstrated a clear understanding of her roles and responsibilities under the Regulations when fulfilling this deputising duty.

The inspector viewed a sample of staff rosters and noted that additional hours had been allocated to other staff to complete the current person in charge's previous role. However, the inspector was not satisfied that one staff member was on duty for long periods of time. This is discussed further under Outcome 17.

**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):**

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

**Findings:**

The inspector found that sufficient resources were provided to meet the needs of resident.

Overall, the centre was kept to an acceptable standard and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes and assessed needs. There was evidence that funds were made available for managing the service including allocation of staff and renewal of the physical environment. The centre had access to a maintenance person employed by organisation, when required.

As detailed in Outcomes 6 and 7 some parts of the physical environment required improvement to promote the safety of all. The inspector noted that while the actual building was not owned by the provider of this service, arrangements had been put in place with the owner of the building to address these works although a timeframe for completion had not been specified.

**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):**

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

**Findings:**

There was evidence of continuity in staffing arrangements. Some staff that had attended to the resident in a previous service provided care for the resident since this centre had been established.

During this inspection, the numbers and skill mix of staff appeared appropriate to meet the needs of resident. However, from a review of staff rosters and as referenced in Outcome 15, there was one staff member on duty for long periods of time from 2.15pm to approximately 12am and then completed the sleep over shift. While the inspector noted that arrangements were in place in the event of an emergency, this staff member was solely responsible for meeting the complex needs of the resident during these shifts. The inspector also noted that there was no formal assessment of the required staffing levels based on the assessed needs of the resident.

Recruitment, selection and vetting processes were in place to ensure that staff employed in the centre were suitable to work with vulnerable adults although, some improvement was required to one staff file. A sample of staff files were reviewed and found to contain most of the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Gaps in employment history had not been verified for all staff.

The inspector noted that a continuous training programme had been implemented and records were maintained of staff training. From speaking with staff and the sample of records viewed these confirmed that staff had attended a range of training in areas such as first aid, managing behaviours of concern and responsible and safe medication management.

The inspector noted that staff meetings took place and were used to share information and discuss service delivery. Copies of the regulations and the standards were available in the centre.

There were no volunteers attending the centre at the time of inspection, however, the regional service manager was aware of the documentation and supervisory requirements for volunteers.

**Judgment:**

Non Compliant - Minor

**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:**

The inspector found systems in place to maintain complete and accurate records and the required policies were in place.

There was a Residents' Guide that contained adequate information in relation to most of the required areas as detailed in the Regulations. This document described the arrangements for visits and the arrangements for the resident's involvement in the running of the centre. However, the terms and conditions in respect of the accommodation provided were not detailed.

The required written operational policies had been developed and staff had access to them. A sample of policies were viewed by the inspector and many contained detailed guidelines for staff. As noted under Outcomes 1 and 8, some required further development to comply fully with the Regulations or had not been fully implemented.

Up to date insurance was in place, however, it was not clear that specific insurance cover was in place for this centre.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner.

The directory of residents was up to date and contained the required information as set out in Schedule 3 of the Regulations.

**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:***

Nan Savage  
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-0003703
<b>Date of Inspection:</b>	17 and 18 September 2014
<b>Date of response:</b>	25 November 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 01: Residents Rights, Dignity and Consultation**

**Theme:** Individualised Supports and Care

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

While there was a wider advocacy forum established within the organisation, arrangements had not been implemented in this centre to facilitate easy access to an advocacy service.

**Action Required:**

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

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

The family and resident will be provided with information on Advocacy Services such as the National Advocacy Service and Inclusion Ireland. Information will also be made available within the designated centre

**Proposed Timescale:** 30/10/2014

**Theme:** Individualised Supports and Care

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

Appropriate neurological monitoring was not completed after all incidents of possible self induced head trauma.

**Action Required:**

Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

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

Monitoring system will be sought through the GP and introduced to the service. This will be used after all incidents of possible self-induced head trauma.

**Proposed Timescale:** 10/11/2014

**Theme:** Individualised Supports and Care

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

The complaints policy did not meet all of the requirements of the Regulations. The policy did not clearly identify the nominated person with a monitoring role who ensures that the required procedures were followed and paperwork completed.

**Action Required:**

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The Complaints Procedure is being revised to clarify who the nominated person is and their role in relation to complaints. Once completed this will be circulated to all services.

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

**Theme:** Individualised Supports and Care

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

The document that was displayed in the centre and titled complaints procedure had not been tailored to the individual service and was not in a user friendly format.

**Action Required:**

Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

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

The complaints policy will be personalised to the service and will be available in a Service user friendly format

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

**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:**

Some services to be provided and fees to be charged had not been clearly identified in the agreed written contract of care.

**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 Individual Contract of Care will be amended to ensure that all Services and Fees are clearly defined

**Proposed Timescale:** 30/10/2014

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

There was limited documented evidence that the resident attended part of the personal plan meetings and reviews, where possible.

**Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are

conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

It will be clearly identified on the minutes of meetings where the person was offered opportunity to attend and the choice they made. Next Multi-disciplinary meeting scheduled 26/11/2014. When the person chooses not to attend, they will be consulted by their keyworker before the meeting and the outcome of the meeting discussed with them afterwards.

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

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Suitable means of heating and ventilation was not available in one bedroom. This was under review at the time of inspection.

The hot water tap at the hand-wash basin in the visitors' toilet was not working properly and some tiles in the staff shower were damaged.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Heating and Ventilation will be addressed through structural changes to increase the space in the bedroom. This is included in the Organisation's Maintenance Plan – 15/12/2014

Staff Shower to be refurbished as part of the refurbishment plan by the landlord of the premises. 30/1/2015

Hot water tap in Visitors Toilet fixed and water flow improved 18/09/2014

**Proposed Timescale:** 30/01/2015

**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:**

Some hazard identification and risk assessments had not been updated to include additional appropriate control measures that had been implemented in some areas.

**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.

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

All Hazard Identification will be reflected in the Hazard ID forms and where appropriate in the resident's Personal Risk Management Plan

**Proposed Timescale:** 25/11/2014

**Theme:** Effective Services

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

The water supplied to some hand-wash basins was not suitably heated to ensure hygienic 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:**

This was corrected and hot water is available for hand-washing (18/9/2014)

An overhaul of the hot water system within the complex has been identified and tendering process is taking place.

Proposed Timescale: 18/09/2014 and

To be agreed when tendering process is completed by HSE

**Proposed Timescale:** 18/09/2014

**Theme:** Effective Services

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

Some areas of the physical environment did not appear to be adequately fire proofed including some internal doors. At the time of writing this report, the Authority had not received the required fire safety and building control declaration to verify that the centre was in substantial compliance with fire safety requirements.

**Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

A plan to address fire proofing has been submitted to the Landlord for approval and if this is sanctioned work will then progress. Subsequent to this, the required fire safety and building control declaration to verify that the centre was in substantial compliance with fire safety requirements will be submitted. If the landlord cannot do this work, the provider will complete it directly

**Proposed Timescale:** 30/03/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

One staff member had not received formal fire training relevant to this centre.

**Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Staff member approved for and due to complete Fire Training the 10th November 2014. The Staff has been briefed on fire safety practices in the centre

**Proposed Timescale:** 10/11/2014**Outcome 17: Workforce****Theme:** Responsive Workforce**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Adequate staffing numbers were not available at all times and this resulted in some staff completing long shifts on their own. One staff member completed day duty from 2.15pm to 12am and was then rostered for a sleep over shift.

There was no formal assessment of the required staffing levels based on the assessed needs of the resident.

**Action Required:**

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

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

An assessment of need will be completed for the resident

The roster will be reviewed following this, to ensure staff resources required to support the resident, and to ensure long working shifts are addressed

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

**Theme:** Responsive Workforce

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

Gaps in employment history had not been verified for all staff.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

This was addressed during the inspection

**Proposed Timescale:** 17/09/2014

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Some policies required further development to comply fully with the Regulations or had not been fully implemented.

The policy on the prevention, detection and response to abuse did not include guidelines on how to appropriately investigate an allegation of abuse and did not reference the requirements in relation to reporting any allegations of abuse to the Chief Inspector.

The policies on the management of resident's money and management of behaviours of concern had not been fully implemented.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

A number of Policies are being revised at provider level to be circulated to all designated centres to address these issues including an organisational guidance for the use of Trust in Care (31/11/14) the Protection and Welfare Policy (21/11/14) and the Managing Investigations Policy (12/12/14).

The form to record residents property/belongings and the value of them will be completed and maintained 30/10/2014

Management of Behaviours of Concern – See Outcome 01 Action 2 above

**Proposed Timescale:** 12/12/2014

**Theme:** Use of Information

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

The Residents' Guide did not detail the terms and conditions in respect of the accommodation provided.

**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:**

Terms and Conditions will be clearly defined in The Residents Guide

**Proposed Timescale:** 10/11/2014

**Theme:** Use of Information

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

Insurance was in place for the organisation, but the insurance document did not specify insurance cover was in place for this designated centre.

**Action Required:**

Under Regulation 22 (2) you are required to: Insure against other risks in the designated centre, including loss or damage to property and where such insurance is effected advise the residents accordingly.

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

A Detailed Insurance Document will be provided to the designated centre specifying the insurance cover for the designated centre

**Proposed Timescale:** 30/10/2014

