**Centre name:** A designated centre for people with disabilities operated by Western Care Association  
**Centre ID:** OSV-0003914  
**Centre county:** Mayo  
**Type of centre:** Health Act 2004 Section 39 Assistance  
**Registered provider:** Western Care Association  
**Provider Nominee:** Bernard O'Regan  
**Lead inspector:** Lorraine Egan  
**Support inspector(s):** None  
**Type of inspection:** Unannounced  
**Number of residents on the date of inspection:** 9  
**Number of vacancies on the date of inspection:** 1
About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013, 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 unannounced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 April 2015 09:10</td>
<td>28 April 2015 16:45</td>
</tr>
<tr>
<td>29 April 2015 12:00</td>
<td>29 April 2015 16:45</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 16: Use of Resources</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This was the fourth inspection of the centre by the Authority and the third inspection to inform the decision to register the centre. As part of this inspection the inspector met with residents, staff members and the newly appointed person in charge of the centre.

The inspector found that areas which had been identified as requiring significant improvement, such as fire safety, the management of medication and governance of the centre, had been progressed satisfactorily. Improved governance arrangements were in place and it was evident these arrangements had improved accountability in the centre. Improvement was noted across all outcomes inspected and the person in charge and provider had implemented systems to ensure areas which required improvement were progressed in a timely manner.

13 outcomes were inspected on this inspection and the inspector found that all
outcomes were compliant with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the Regulations).

There were no required actions arising from this inspection.
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.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Individualised Supports and Care

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

**Findings:**
Not all aspects of this outcome were inspected on this inspection. The inspector followed up on required actions from the previous inspection and found that these had been addressed satisfactorily.

Residents’ rights had been reviewed and it was evident that restrictions had been addressed in line with the organisation’s procedures. This resulted in rights restrictions being reviewed by the organisation’s Rights Review Committee and recommendations for the reduction or removal of restrictions on residents’ rights had been implemented.

Residents had been supported to access advocacy services in line with their assessed needs. The person in charge had facilitated the advocate from the National Advocacy Service to visit the centre and provide information to staff and residents. She told the inspector advocacy would be encouraged and facilitated in the centre going forward.

Resident meetings were taking place on a monthly basis. Support and guidance had been provided from the organisation’s behaviour support specialist who had compiled guidance for staff and residents in regard to facilitating meetings and the types of things residents may wish to discuss. The documentation had been compiled using a picture exchange communication system (PECS) to ensure residents were supported to understand the documentation.

A bathroom door which was accessible from both the hallway and a resident’s bedroom had been fitted with locks on both the bathroom side and the bedroom side to ensure the resident’s privacy was respected.
The inspector reviewed a sample of complaints which had been received since the previous inspection. Complaints were clearly documented and it was evident that complaints were responded to appropriately and in line with the organisation’s procedures. There was documentary evidence that the complainant in each complaint had been made aware of the outcome of the complaint and measures had been implemented to address complaints received.

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

Findings:
Not all aspects of this outcome were inspected on this inspection. The inspector followed up on required actions from the previous inspection and found that these had been addressed satisfactorily.

A system for ensuring the technological aids which were used to assist residents to communicate were working had been implemented. Issues identified through this system such as the requirement for new batteries had been addressed.

Residents who required support to communicate were being supported to do so. Communication aids were in use and residents had communication profiles which outlined their preferred communication style. The centre had increased the use of aids such as tablets to assist residents to communicate with family members and friends. The person in charge told the inspector the centre would continue to support residents to communicate. Some residents used a sign language and the person in charge said communication using this sign language and other methods applicable to each resident would be further explored to enhance the communication environment for each resident.

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

Theme:
Individualised Supports and Care

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

Findings:
Not all aspects of this outcome were inspected on this inspection. The inspector followed up on required actions from the previous inspection and found that these had been addressed satisfactorily.

Personal plans viewed showed that natural supports and community connections had been identified as priorities for residents. It was evident that staff and the person in charge were in the process of supporting residents to maintain and develop relationships, natural supports and links with the wider community.

The inspector found evidence that communication with some families had improved and it was evident that this would have a positive impact on the lives of the residents. A sample of residents’ personal plans which were viewed showed that ‘Circle of Support’ meetings took place every four months in line with the organisation’s procedures. These meetings were attended by the resident, the resident’s family members, staff from the designated centre and the resident’s day centre and any other person the resident wished to attend. These meetings were utilised to discuss and plan for supporting the resident in all areas of their lives.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
Not all aspects of this outcome were inspected on this inspection. The inspector followed up on required actions from the previous inspection and found that these had been addressed satisfactorily.

The inspector viewed a sample of resident individual contracts and found that new contracts had been agreed since the previous inspection. The contracts clearly outlined the services provided and all fees payable by the resident. It was evident that progress had been made in regard to ensuring all parties adhered to the agreements made in the contracts.

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

Findings:
Not all aspects of this outcome were inspected on this inspection. The inspector followed up on required actions from the previous inspection and found that these had been addressed satisfactorily.

The inspector viewed a sample of residents’ personal plans and found these had been reviewed since the previous inspection. Residents had identified areas of priority for 2015 and a plan to support residents to achieve these goals had been put in place. Plans outlined the supports required to maximise residents’ personal development and it was evident staff were supporting residents in regard to these areas.

Improvement to the oversight of the personal plans was evident. The person in charge had ensured the personal plans were completed and updated as required. All information contained in personal plans viewed was relevant and applicable to the resident.

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:**
Not all aspects of this outcome were inspected on this inspection. The inspector followed up on required actions from the previous inspection and found that these had been addressed satisfactorily.

Grab rails had been provided in the bathrooms as required by residents. The person in charge told the inspector that the assistive equipment would continue to be reviewed and provided as required by residents.

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

**Findings:**
Not all aspects of this outcome were inspected on this inspection. The inspector followed up on required actions from the previous inspection and found that these had been addressed satisfactorily.

Significant improvement was noted in this area. The provider had responded to the findings on the previous inspection and had ensured that measures were in place to ensure residents could be evacuated from the centre in the event of an emergency.

Fire drills had taken place and areas for improvement had been identified and responded to. This included the necessity of two staff sleeping over on an ongoing basis.
in one of the service units.

Fire drill records showed that residents understanding of the response to fire drills had improved in line with the frequency of the drills.

There was a system in place to ensure the thermostatic control measure was effective and a system to ensure all doors were checked to ensure the intumescent strips were in place.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Not all aspects of this outcome were inspected on this inspection. The inspector followed up on required actions from the previous inspection and found that these had been addressed satisfactorily.

Staff had received training in the management of behaviour that is challenging. Residents who required support with behaviours that challenge had positive support plans in place and the person in charge had ensured residents were referred for support, such as psychology, where required.

The person in charge was overseeing the financial management procedures in the centre. A monthly check was carried out and the person in charge had identified and responded to areas for improvement. The inspector viewed a sample of records and found that balances were accurate and receipts were maintained for all purchases.

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:**  
Not all aspects of this outcome were inspected on this inspection. The inspector followed up on required actions from the previous inspection and found that these had been addressed satisfactorily.

The inspector viewed a sample of documentation pertaining to medication and found significant improvement. Medication prescription sheets contained all required information and were legible. Medication administration records were maintained and staff were documenting the administration of medication. A medication error had been identified by staff and responded to appropriately.

The key used for opening the medication fridge was stored in a safe location which was accessible by staff only.

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

**Findings:**  
Not all aspects of this outcome were inspected on this inspection. The inspector followed up on required actions from the previous inspection and found that these had been
addressed satisfactorily.

A new person in charge commenced in January 2015. She was supported in her role by the person participating in management who had undertaken the role of person in charge prior to this. It was evident the person in charge and the person participating in management had worked closely together to ensure areas of non compliance were addressed.

The inspector met with the person in charge over the two days of the inspection and carried out a fit person interview on the second day of the inspection. The person in charge was knowledgeable of the residents, the Regulations and her responsibilities thereunder. She was a registered nurse and had maintained her continuous professional development. She told the inspector she had undertaken a postgraduate diploma in intellectual disability nursing and was intending to undertake a management course.

The person in charge was supported in her role by the person participating in management who was the person in charge’s direct line manager. The inspector met with the person participating in management and found she was knowledgeable of the Regulations and her role in supporting the person in charge and in the absence of the person in charge. She had undertaken the role of person in charge of the centre for a period of time and spoke of the understanding of the role she had gained from this.

Management systems had been implemented to ensure the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. For example, the person in charge was completing audits on regular basis in a number of areas including the residents’ personal plans, financial management and medication management. Areas for improvement had been identified and responded to. In addition, the provider nominee had carried out an unannounced visit to the centre following the previous inspection and had highlighted areas for improvement.

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

Findings: Not all aspects of this outcome were inspected on this inspection. The inspector followed up on required actions from the previous inspection and found that these had been
addressed satisfactorily.

Improved governance arrangements were evident. A new person in charge had been appointed and was allocated a 35 hour working week which was supernumerary to the frontline team. She told the inspector she worked some frontline hours when required. There was a high level of compliance in the centre and no evidence that this was having a negative impact on the governance of the centre.

Training had been provided for staff in a number of areas including fire safety and evacuation, medication management and supporting residents with behaviours that challenge.

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Not all aspects of this outcome were inspected on this inspection. The inspector followed up on required actions from the previous inspection and found that these had been addressed satisfactorily with the exception of one action relating to documentation.

The person in charge told the inspector that the roster and staff allocation was being reviewed to ensure staffing was meeting the needs of residents. She outlined changes to staffing such as the allocation of a second sleepover staff to one service unit to meet the assessed needs of residents in regard to the safe evacuation of the service unit in the event of an emergency. The person in charge said that any changes to staff allocation would be made to ensure the service was meeting residents’ needs.

A sample of supervision documentation was viewed. It was evident that staff were receiving supervision in line with the organisation’s procedures. All staff had received supervision from the person in charge and the person in charge had received regular supervision from the person participating in management. A wide range of areas had been discussed and actions arising from the supervision meetings had been reviewed at
the subsequent supervision meetings.

The inspector viewed a sample of staff files. Improvement to the documentation maintained was evident. All documentation was contained in the files viewed with the exception of two files which did not contain the evidence of the staff members’ qualification. This was brought to the attention of the person in charge who contacted the staff members and inputted copies of the qualifications prior to the end of the inspection. She said she would review the staff files to ensure that all files contained all required information.

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

Findings:
Not all aspects of this outcome were inspected on this inspection. The inspector followed up on required actions from the previous inspection and found that these had been addressed satisfactorily.

The directory of residents contained all items required in the Regulations.

As outlined in outcome 12 the inspector viewed a sample of documentation pertaining to the management of medication and found significant improvement.

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:

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority