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

### Centre ID:
OSV-0001781

### Centre county:
Mayo

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

### Registered provider:
Western Care Association

### Provider Nominee:
Bernard O'Regan

### Lead inspector:
Louisa Power

### Support inspector(s):
None

### Type of inspection:
Unannounced

### Number of residents on the date of inspection:

### Number of vacancies on the date of inspection:

About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>05 February 2015 10:00</td>
<td>05 February 2015 15:10</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 08: Safeguarding and Safety</th>
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<tr>
<td>Outcome 12: Medication Management</td>
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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

The inspection was an unannounced inspection. The purpose of the inspection was to monitor compliance in relation to medication management and the inspector also examined some aspects in relation to safeguarding.

As part of the inspection, the inspector met with the person in charge and staff members. The inspector observed medication management practices and reviewed documentation such as prescription charts, medication administration records, personal plans, training records and audits.

A comprehensive suite of medication management policies were in place. Staff demonstrated knowledge of safe and appropriate medication management practices. A person centered approach was implemented in relation to the management and administration of medicines.

There was evidence that corrective action was taken as indicated in response to the last action plan in June 2014. The policy in relation to adult safeguarding had been reviewed and amended to clarify the response to be undertaken following an allegation of abuse, documents outlined in policies were made available to staff and robust measures had been implemented for the supervision of staff.
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 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:
The inspector followed up on the actions required from the previous inspection. Training records provided to the inspector confirmed that all staff on the roster had completed training in protection and welfare since June 2014. Training had also been provided for staff in relation to supporting residents with behaviours that challenge.

The adult safeguarding policy was made available to the inspector. The policy was comprehensive and evidence based. The inspector noted that the policy had been reviewed in November 2014 to clarify the response to be taken following an abuse allegation. Where external documents were outlined in the policy, the inspector noted that these documents were filed in close proximity to the policy. Policies were made available to staff and staff with whom the inspector spoke demonstrated adequate knowledge in the area of adult safeguarding.

It was identified during a previous inspection in June 2014 that family members were not informed of all events in the centre and the subsequent actions and outcome. The inspector saw documentary evidence of a recent meeting with resident's family where pertinent issues had been discussed. Contact with resident's family was further maintained through weekly visits to the family home.

There were clear strategies in place to support residents to manage behaviour that challenges that focussed on a proactive and positive approach. Staff were able to demonstrate in-depth knowledge of the strategies in use. Strategies demonstrated a positive approach to behaviour that challenges including the use of sensory strategies to promote a low arousal environment.
Staff and the person in charge, in particular, demonstrated an in-depth knowledge of resident’s needs and the measures in place to meet and support these needs. The services of an external organisation had been sought to provide bespoke training and assistance for staff in relation to positive behaviour support. Daily routines had been developed which were based on a ‘first then’ approach and used visual aids. Where new activities were identified, a clear written plan was put in place which outlined the aims, objectives, goals and role/responsibility of the staff involved. Social stories were used to communicate the activities and the importance of predictability was highlighted in all plans.

**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):**
No actions were required from the previous inspection.

**Findings:**
The designated centre's policies and procedures for medication management were robust and protected the resident.

The policy in relation to medication management, which had been reviewed in October 2013, was made available to the inspector. The policy was comprehensive and evidence based. Guidance was included in the policy relating to the ordering, receipt, prescribing, storage, administration and disposal of medicines. The policy was augmented by a policy relating to the administration of medication for the management of specific medical emergencies. The policies were made available to staff who demonstrated adequate knowledge of this document.

A resident specific medication administration procedure had been developed in January 2015. The procedure was person centred and gave clear guidance to staff in relation to administer medications to the resident and the steps to be followed if the resident refuses to take medication.

The medication management policy outlined that a pharmacist of the resident's choice was made available to each resident. Medicines were supplied by a local community pharmacy.

The inspector noted that all medications were stored securely. Staff confirmed and inspectors saw that medications requiring refrigeration or additional storage requirements were not in use on the day of the inspection.
Medication management training had been completed by all staff since May 2014. These sessions had been augmented by training in relation to the administration of medication for the management of specific medical emergencies. Staff with whom the inspector spoke demonstrated knowledge and understanding of principles in relation to safe medication management practices. Records reviewed by the inspector confirmed that chemical restraint was not in use at the time of the inspection.

Medication prescription and administration sheets were reviewed by the inspector. Medication prescription sheets were current and contained all of the required elements. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

A resident-specific management plan for the management of epileptic seizures was in place, had been reviewed in September 2014 and contained sufficient information to guide staff in the safe management of such events.

Staff with whom the inspector spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Robust procedures were in place to monitor the medicine usage within the centre, including twice weekly medicine stock checks by staff. These checks were verified on a monthly basis by the person in charge.

**Judgment:**
Compliant

**Outcome 17: Workforce**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

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

**Findings:**
Only the component relating to staff supervision to ensure robust safeguarding and safety was examined during this inspection. The person in charge outlined the measures implemented in relation to staff supervision. A team of six core staff were employed along with one relief staff member. The person in charge works 39 hours per week, Monday to Friday. A senior member of staff works 30 hours per week and this includes
work on the occasional Saturday and sleep over duty. The inspector noted protected
time was made available on the roster for supervision of the senior staff member with
the person in charge and other staff with the senior staff member. Staff with whom the
inspector spoke confirmed that there was a structure in place for supervision and
support. The inspector observed a good and supportive working relationship between
the person in charge and staff on duty.

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:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority