

**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-0003916
<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>	11
<b>Number of vacancies on the date of inspection:</b>	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 announced and took place over 2 day(s).

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

From:	To:
07 July 2015 11:30	07 July 2015 17:30
08 July 2015 09:30	08 July 2015 18:30

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**

This was the second inspection of this centre and formed part of an assessment following an application for the designated centre to be registered, by the provider. A monitoring inspection had occurred in September 2014 and the provider and person in charge had completed the actions set out in the previous report.

The centre consisted of three houses where residents resided that provided both long term and respite accommodation and support to adults with intellectual disabilities. The inspector visited each location and met with residents, management and staff. The inspector observed practice and reviewed documentation such as

personal care plans, medical records, accident and incident records, meeting minutes, policies and procedures, staff training records and residents' meetings. As many of the residents at the centre are out during the day, part of the inspection took place during the evening, when residents had returned from their day activities.

The inspector found that residents received a good quality service in the centre whereby staff supported and encouraged them to participate in the running of the house and to make choices about their lives. The person in charge and staff demonstrated an in-depth knowledge of residents' needs. There were regular meetings for residents, and residents' communication support needs were met.

The centre was clean and had a warm, homely atmosphere. Residents appeared to be comfortable and were confident in telling the inspector about their home.

The provider and management team had taken a range of measures to protect the safety of residents; however, improvement was required to the use of a restrictive practice that was in place. Shortly after the inspection, the person in charge submitted information to confirm that this matter was addressed.

Some improvement was required to medication management, staff files and implementation of the policy on monitoring and documentation of nutritional intake. These non compliances are discussed in the body of 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):**

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

**Findings:**

Required actions that related to the storage of residents' private information, advocacy arrangements and complaints management had been completed.

Measures were in place to respect residents' privacy and dignity and enable them to exercise choice and control over their life in line with preferences and to maximise independence. An effective complaints process had been implemented and there was evidence that this had led to improvements in the delivery of the service. However, there was one restrictive practice in place that impinged on some residents' rights. Shortly after the inspection, the person in charge submitted information to confirm that this matter was addressed.

Overall, residents' rights were promoted and supported by the provider, person in charge and staff. Each resident had a personal risk management plan in place that described 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 most restrictions that were in place. A process was in place to ensure that the findings of this assessment were reviewed by the organisation's rights review committee and that any recommendations put forward by the committee would be reviewed. However, the inspector noted that in one of the houses there was a restriction in place that had not been assessed for a number of residents. The inspector saw that these residents' bedroom windows were locked. The person in charge was not aware that this practice was happening and informed the inspector that this would be reviewed immediately. The person in charge submitted evidence to confirm that these locks had been replaced with a suitable mechanism.

Residents were consulted about the operation of the centre and there were many examples that daily routines were focused around the resident's needs and expressed wishes. The inspector found that residents were involved in the running of the centre including purchasing new items for the centre. Residents' meetings frequently took place and this enabled residents to keep up to date with any changes that were taking place and discuss items important to them. Minutes of these meetings were kept and demonstrated that residents' feedback had been taken into consideration and used to inform decision making.

Residents were also involved in household activities such as shopping, taking care of their bedrooms and food preparation, where this was deemed appropriate.

The centre had an effective complaints management system in place, which included a complaints policy and procedure that meet the requirements of the Regulations. The complaints policy provided guidance on the management of complaints. The complaint procedure was written in a legible format, included pictures and photographs, and was designed to be clear and accessible to both residents and their families. This procedure was readily displayed in a prominent location in the centre. There was a complaints log available to document complaints and the inspector read that that issues raised had been responded to and addressed by the person in charge and regional service manager.

An advocacy forum had been established within the organisation and additional arrangements had been implemented in this centre to facilitate easy access to an advocacy service. Since the last inspection and with the support of management and staff, one of the resident's living in the centre had been appointed as the advocate link for residents. This role had been communicated to other residents and associated documentation on advocacy identified the resident in this important role. The inspector spoke with the resident who confirmed this new role and relayed to the inspector that s/he was very happy to be the advocate link.

The inspector saw how staff interacted with residents in a respectful and caring manner that also supported the dignity and privacy of the resident. Each resident had an intimate care plan that directed staff with residents' personal care needs and provided protection for the resident from any risk during the delivery of intimate care. Staff were familiar with these plans and had used the organisational policy on intimate/personal care to develop this plan. Private information that related to residents was safely stored to ensure confidentiality and data protection. Each resident had their own bedroom and mechanisms were in place for them to lock their bedroom doors if they wished to do so.

Residents' belongings were respected and safeguarded. Residents who live permanently in the centre had their rooms decorated with photographs, pictures and personal belongings. Residents that attended the centre on respite had the option to leave their own belongings in the bedroom that they used. These belongings were kept securely in the bedrooms. There was a lockable cupboard in each bedroom, in which residents could store personal belongings. Residents also had ample space to store their personal belongings including clothes. The inspector saw that residents' clothes were stored in a neat and tidy way in the resident's wardrobe.

Staff spoken with demonstrated in-depth knowledgeable of residents' needs and wishes and this correlated with information and guidance that was documented in the care plans and detailed into the daily records.

Residents' civil and religious rights were respected. Residents were registered to vote and could attend the local polling station if they chose to. The inspector was informed that Roman Catholicism was the only religion being practiced in the centre. The church was nearby and the inspector found that residents were supported to visit to say prayers, light candles and attend religious services.

**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):**

**Findings:**

This outcome was not inspected on the previous inspection.

Systems were in place to assist and support residents to communicate.

Each resident had a communication profile completed within their personal plan which had identified the resident's communication needs. Staff spoken with clearly described the different individual communication requirements of residents and recommendations from the speech and language therapist (SALT) were documented and implemented by staff. Talking tiles and objects of reference had been effectively used to communicate with some residents. Some residents used an Ipad and plans were in place to develop the use of this form of communication by utilising the expertise of the SALT.

Concise pictorial images were used to communicate information to residents. For instance, from the sample of files viewed residents' had individualised daily schedules and activity plans which assisted them in making decisions and understanding different events that were going to take place. The inspector observed residents were at ease when communicating with staff during the inspection.

A range of information was displayed in accessible format on the notice boards in different housing location including parish news and coloured pictures of staff on duty during each shift. Pictorial images were used to identify the use of the different rooms and residents' bedroom doors were personalised with photographs, colourful pictures

and also tactile letters individual to the resident, where appropriate. A range of easy to read policies and procedures were also available for residents which included good use of pictorials and plain English.

All residents had access to televisions, radio, telephone, postal service, newspapers and magazines. The inspector also noted that residents had access to the internet and that a resident had been supported by staff to Skype a close relation who lived abroad.

**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):**

**Findings:**

This outcome was not inspected on the previous inspection.

Residents were supported to develop and maintain personal relationships with their families and friends. Each resident were encouraged and supported to interact in the local community in a manner that was safe for them.

Staff reported that visitors were welcomed to visit at any time provided that did not have any negative impact on the resident. There was evidence that family and friends visited regularly and that families were encouraged to get involved in residents' lives. For example, the inspector saw photographs of the annual garden party that was attended by residents and their families. A log of visitors to the centre was maintained but this had not been implemented in each location. The person in charge confirmed that she planned to introduce this in each location. The inspector saw how a resident in one of the houses took a leading role in reminding visitors to sign this log and liked to see people signing the book. There was adequate space within the centre for residents to meet visitors in private, if they wished. The inspector noted that residents were supported to visit and stay with family members and this took place regularly for many of the residents. Each resident was helped by staff to identify key people in their lives and this information was used to develop an individualised social network communication plan.

Residents were supported to maintain friendships. This was outlined in residents' files and one of the resident's that communicated with the inspector described how they met with friends and family. This resident told the inspector about an upcoming holiday that s/he was really looking forward to and described how she would be meeting up with lots

of his/her friends. The inspector read that this had been documented in the resident's plan as one of his/her goals for 2015.

There was evidence in residents' files that showed family were actively involved in the residents' annual goal setting. Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date. Each resident had an identified 'circle of support' consisting of their families, friends and key workers. Families were invited to attend and take part in residents' 'circle of support' meetings and the review of residents' personal plans. These groups met to discuss and plan around areas specific to the resident's life and well-being. The inspector viewed a sample of minutes which were informative and summarised discussions that took place around the resident's current condition and needs. Records viewed also demonstrated that families were kept informed, updated with changes and that items raised by family were used to inform practice.

Many residents visited day services each weekday where they had the opportunity to meet with and socialise with their friends. Residents spoken with and files reviewed confirmed this to be the case.

Residents were supported to establish links with the local community. There were many examples of how this was achieved. For example, some residents were involved in the local tidy town initiative, had regular visits to restaurants and pubs, went for walks in the local community with their volunteer and had excursions to areas of interest with support from staff. They also attended community events including art exhibitions and music sessions. Where possible and with the assistance of staff as appropriate, residents went shopping, called to pharmacist, post office and hairdresser.

**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):**

**Findings:**

This outcome had not been inspected on the previous inspection.

The inspector found that contracts for the provision of services were agreed with each resident. The inspector reviewed a random sample of contracts and noted that they included the services to be provided and the fees to be charged, including details of

additional charges. A sample of contracts read by the inspector had been suitably agreed with residents and/or their representatives.

There had been no recent long term admissions to the centre.

**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:**

The required action from the previous inspection that related to residents and/or their representatives involvement in the development of the resident's personal plan had been addressed.

Residents' social well-being was maintained by a high standard of care and support. Residents' individual needs and wishes were assessed and used to inform personal planning. Residents were facilitated the opportunity to engage in interests appropriate to their individual preferences both within the centre and in the community.

The inspector viewed a sample of residents' files and noted that each resident had personal plans which contained important information about the residents' backgrounds, their preferences, likes/dislikes and people important in their lives along with details on what was important to the resident now and in the future. The plans which were created in consultation with the resident and/or their representative and set out each resident's individual needs, personal outcomes life goals were kept under review.

Residents were supported by the person in charge and staff to access activities both within the centre and in the local community. This included arts and crafts, sensory and music therapy, reflexology, bowling, gardening, the cinema and visits to the recently established external mini library that had seating and a relaxing water feature nearby that residents could enjoy.

There was evidence that supports were in place for residents to ease their transition between services. Residents were supported when attending appointments.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The required actions from the previous inspection that related to the provision of adequate space for recreation and relaxation, and removal of unused locks on the base of some doors in one of the houses, had been addressed.

The design and layout of the centre suited the needs of residents at the time of inspection. Some residents showed the inspector around their home and referred to some structural improvements that had been made which they were very pleased with. These improvements had enhanced residents' independence. The centre consisted of three houses which were well maintained both internally and externally. Each house was within walking distance of local shops and amenities. The houses were clean, comfortable, warm and appropriately furnished. There was also appropriate heating, lighting and ventilation.

Communal day space was available in each house which included nice sitting rooms and relaxation areas. There were open plan kitchens and dining in each house which meant that residents could easily participate or comfortably watch food preparation from the dining area if they wished. All bedrooms were for single occupancy suitably furnished and decorated to reflect residents' choices and needs. Residents visiting the respite service could also personalise their rooms and keep belongings in a secure area within the centre after each period of occupation. Residents had adequate personal storage space including lockable cupboards and some bedrooms had en suite toilet and shower facilities.

There were adequate numbers of bathrooms and showers, including assisted facilities. Laundry facilities were also available in each area.

While there were a number of residents that were independently mobile, assistive equipment such as a ceiling hoist and electric beds were provided to meet the needs of residents that required additional supports. The occupational therapist had been involved in the assessment of appropriate assistive devices for residents including the location of assistive grab rails in showers and bathrooms. The inspector noted that a

resident had been assessed by the OT and was awaiting a new specialised chair that was recommended by the OT.

The inspector found the kitchens to be well equipped and kept in a clean condition. There were a variety of foodstuffs available, including fresh fruit, vegetables and juices.

There were separate facilities for staff in each house.

Residents had good access to the outdoors. The inspector found that the outdoor areas had been enhanced for residents' use since the last inspection. Residents were involved in gardening projects and had been supported to grow vegetables for use in the kitchens. Some residents had also been supported to make window boxes and hanging basket that were on display. The inspector also noted that a garden shed had been provided for a resident that responded positively to working in this type of environment.

**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:**

Required actions that related to risk management and fire safety training had been addressed.

Health and safety of residents, visitors and staff was promoted and protected.

There was a risk management framework in place 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 clear guidance on areas of risk management including risk assessment, development of personal risk management plans and balancing residents' safety and rights.

Hazard identification and risk assessment had been completed for different areas within the centre and also for the external areas. The inspector noted that the person in charge regularly reviewed these assessments and updated them accordingly with any additional control measures that were required. The inspector read that these assessments had been recently reviewed in May 2015.

In addition to environmental and clinical risks, individual risks specific to each resident

were identified and control measures documented in residents' personal risk management plans. The inspector reviewed some of these plans and noted that they provided detailed guidance for staff to promote the health and safety of residents.

Adequate fire safety measures were in place. The inspector reviewed fire safety policies and procedures and found that they guided staff practice. Servicing records confirmed that fire fighting equipment had been serviced in March 2015 and the most recent testing for the fire alarm system was completed in June 2015. From records viewed and staff spoken with all staff had received formal fire safety training and regular fire drills took place that involved residents and staff. Those staff spoken with described clearly what to do in the event of a fire. Records viewed confirmed that fire drills took place during the day and night and included relevant details such as the time taken and any required actions to improve the effectiveness of the fire drills. The inspector also noted that individual evacuation plans had been developed for each resident.

The centre had an emergency plan which was located in each house. This plan guided staff on what to do in the event of various types of emergencies and also included details for emergency situations. There was also an easy to use version of the emergency plan available to residents.

Staff spoken with and the sample of records reviewed by the inspector confirmed that staff had attended training in minimal moving and handling.

**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):**

No actions were required from the previous inspection.

**Findings:**

The provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse. Some of the residents communicated that they felt safe and secure in the centre.

There was a policy on the protection of vulnerable adults in place. The policy provided adequate information to guide staff in the event of any suspicion of abuse. Staff that

were spoken with demonstrated knowledge regarding their roles and responsibilities for the safeguarding of residents. There was also evidence that all staff in the centre had attended mandatory training in this area.

The inspector saw staff interacting with residents in a respectful and appropriate manner. Staff had been provided with training in the management of behaviours that challenge and there was evidence of an appropriate standard of practice in this area. The inspector saw that there were measures in place for the person in charge and staff to seek additional advice from the behaviour support team. However, some relevant information that related to a resident's current support needs had not been maintained in the residents' file and instead had been archived for filing. This was addressed on inspection.

A restraint free environment was promoted. Where physical restraint specifically bedrails were in use this was appropriately assessed and control measures were in place to ensure the safe use of the bedrails. The inspector also viewed the records of a resident who had been prescribed "as required" PRN medication. The inspector found that there were strict procedures in place to manage the administration of this medication. There was also an administration protocol in place which outlined the circumstances in which this medication was to be used.

Systems and procedures were implemented to ensure that residents were safeguarded from the risk of financial abuse. The inspector reviewed the documented systems in place for ensuring that residents' finances were protected. There was a policy in place on the management of residents' monies including belongings and valuables. Residents' money was securely stored and accessible to residents whenever they required it. The inspector viewed a sample of residents' financial records and found that the records were up to date and corresponded with receipts and the balances checked by the inspector. The person in charge monitored residents' finances on a monthly basis and an audit has also been carried out by the organisation's financial controller.

**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):**

**Findings:**

This outcome had not been inspected on the previous inspection.

The inspector found satisfactory practice in relation to recording and notifications of incidents. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. From the sample of records viewed, all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**  
Compliant

**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):**

**Findings:**

This outcome had not been inspected on the previous inspection.

Systems and practices were in place to enhance residents' quality of life and this included opportunities for new experiences, social participation, education and employment, where possible.

Residents were encouraged to take part in education and skill development including those residents that attended for respite stays. For example, a resident attending respite in the centre had been given education on how to send and receive emails. The inspector spoke with this resident who confirmed that s/he had learned how to complete emails and was very pleased with this result. A different resident that lived long term in the centre had been supported to take on a role in the local church. This resident also took the bulletin back to the centre for other residents. Residents were observed returning from their day services and some told the inspector about their daily routines. Residents were also supported in the evening to pursue additional interests and activities in areas such as drama, music and volunteering. In addition, staff in the centre provided support to residents to go on holidays and for trips away at the weekend.

**Judgment:**  
Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a sample of files and found that arrangements were in place to support residents' health care needs and that they had access to appropriate medical and allied healthcare services.

All residents had access to GP services including an out of hour's service. The inspector found that residents were regularly reviewed by their GP. Residents had access to a range of allied health professionals such as speech and language therapy, physiotherapy, occupational therapy, psychology and psychiatry. Records of referrals and appointments were maintained and recommendations were reflected in the resident's personal plan.

The inspector saw evidence of an annual multidisciplinary review of residents which included the resident where possible, family, relevant members of the clinical team, staff and management. The inspector found that each resident had an annual action plan in place that was kept under regular review. Each resident had a health action plan in place that detailed specific areas and conditions that required close monitoring, the possible affect on the resident and their support needs. In addition, the person in charge had received training on end of life care planning and had started to gather important information regarding residents' end of life wishes such as care preferences. The inspector noted that some areas of the assessment tool that was in use had not been completed. The person in charge informed the inspector that plans were in place to develop a more specific assessment that was suitable to the profile of residents using this service.

The person in charge also informed the inspector that there would be discussion held with residents' next of kin/families regarding this area of care. Residents' nutritional needs were being met and they were appropriately supported to make healthy eating choices, where appropriate. The inspector found that measures were in place to monitor residents' nutritional status and staff demonstrated knowledge of residents' requirements. For instance, referrals to the dietician or speech and language therapist were made as required and staff showed how their recommendations had been implemented. The inspector saw that that food journals and a menu planner were in place for residents along with specific guidelines and cooking tips for residents on specialised diets. However, residents' weights were not consistently recorded on a monthly basis, as required by the centre guidelines. A required action relating to this matter is included under Outcome 18.

Residents appeared to enjoy their meals and staff discussed with residents what they would like for their meals. Alternative meal choices were available to residents if they did not like what had been prepared. Some residents indicated to the inspector that they enjoyed their meals. There was a four week menu cycle in place and the inspector saw that pictures of meals choices were displayed.

Residents had ready access to the kitchen, drinks and snacks at all times.

Personal risk management plans had been completed for residents. The inspector read a sample of these plans and found that they contained comprehensive details on individual risks relative to the resident and strategies in place to manage these risks including potential seizure activity.

**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:**

Systems were in place to protect residents in relation to the management of their medication although some improvement was required.

The inspector reviewed prescription and administration records along with procedures for the storage and disposal of medication.

The inspector viewed a sample of residents' medication records and found that some did not contain all of the required information to allow staff to consistently administer medications safely. For example, the maximum dose of PRN (as required) medications was not specified for each resident. Some staff were also administering medications from records which did not contain all the required information including the route of administration. The inspector noted that a new medication record was in the process of being rolled out in the centre.

Each resident's medication was stored in a secure manner and there was a system in place for the return of unused medications to the pharmacy. Although no resident was self-medicating at the time of inspection staff had been proactive and had risk assessed residents to determine the appropriateness for the individual resident.

The staff spoken with were familiar with their role and responsibility regarding medication management and there was evidence that they had received appropriate training in this area.

The inspector noted that residents' medications were regularly reviewed their GP.

**Judgment:**

Substantially 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):****Findings:**

This outcome was not inspected on the previous inspection.

The inspector found that the statement of purpose met most of the requirements of the Regulations. Some required information that related to the number of residents for whom it is intended that accommodation is provided for and the arrangements for residents to access education, training and employment had not been adequately detailed.

On behalf of the provider, the regional service manager revised 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):**

**Findings:**

This outcome was not inspected on the previous inspection.

The provider had implemented an effective management structure. The person in charge was suitably qualified and displayed the required competence and knowledge to run the centre. She was familiar about the requirements of the Regulations and Standards, and demonstrated a comprehensive understanding of the health and social needs of residents. The person in charge was an organised manager and all documentation requested by the inspector was readily available.

The person in charge was clear about her role and responsibilities and about the management and the reporting structure within the organisation. She described how she reported regularly to the regional service manager and found her to be supportive in her role. The person in charge also attended area monthly team meetings and described how these meetings was a useful forum for sharing information amongst her peers.

The provider arranged for the centre to be audited twice yearly by managers within the organisation including the regional service manager. The inspector viewed a sample of these audits and found that they were comprehensive and had been used to improve the quality and safety of the service. The person in charge had developed an action plan to respond to identified areas that required improvement. The inspector read that a number of items had been addressed and that plans were in place to address the remaining matters. In addition, the person in charge carried out various quality assurance and improvement measures in the centre, reviews of accidents, incidents and investigation of complaints, hazard identification and risk assessment. She also completed audits of areas including residents' finances and medication management.

**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):****Findings:**

This outcome was not inspected on the previous inspection.

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

There were arrangements in place to cover the absence of the person in charge both during planned absence and out of hours. The person in charge informed the inspector that she was supported by the regional service manager and this manager formed part of the deputising arrangements in her absence. The inspector met with the regional service manager and found that she demonstrated good understanding of the roles and responsibilities of the person in charge under the Regulations.

**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):**

**Findings:**

This outcome was not inspected against on the last inspected.

The inspector noted that sufficient resources were available to meet the needs of residents living in the centre.

The centre was well maintained, adequately furnished and equipped with appropriate devices. There were also resources available to facilitate residents' occupational and social requirements.

The person in charge in conjunction with the regional service manager had the autonomy to put in place additional staff hours, as required.

Suitable transport was provided and available for use by the residents when required.

**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):****Findings:**

This outcome had not been inspected on the previous inspection.

The inspector found that there appeared to be suitable staffing levels and skill mix to care for residents.

The inspector reviewed a sample of staff rosters and noted that on the days of inspection the roster reflected the number of staff on duty. Staffing levels were based on the needs of residents and were determined by the experience of the person in charge and regional service manager. Staff were available to support residents within the centre and when they wished to go out in the local area such as going to appointments, to the shops, restaurants and to attend social events. The person in charge and regional service manager confirmed that arrangements were in place for additional support if needed.

There were a number of health care supports available to residents within the organisation including the services of a occupational therapist, speech and language therapist, behavioural support specialist and social worker. The human resources department and health and safety officer also provided valuable support.

The organisation had identified fire safety, abuse prevention, behaviour that is challenging and manual handling as mandatory training which staff were required to attend every three years. Staff had also received a range of additional training including first aid, food safety and nutrition, epilepsy care and medication management.

**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:**

Specific required actions that related to the policy on prevention, detection and response to abuse and policy on residents' finances and personal property had been addressed.

The inspector found that records as required by the Regulations were maintained in the centre. During the course of the inspection, a variety of documents including the Residents' Guide, accident and incident log, medical records, and health care documentation were viewed and were found to be satisfactory. However, some improvement was required to staff files and implementation of the policy on monitoring and documentation of nutritional intake.

Procedures were in place for the recruitment, selection and vetting of staff in accordance with the requirements of the Regulations. The inspector viewed a sample of files and found that while the majority of required information had been obtained some was absent. For example, a satisfactory history of any gaps in employment history and a recent photograph had not been obtained for each staff member.

The required written operational policies had been developed and they were accessible to staff in each house. However, the centre policy on nutrition had not be fully implemented as described in outcome 11.

Up to date insurance was in place that was specific for this centre.

The inspector found that medical records and other records, relating to residents and staff, were kept 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.

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

**Judgment:**

Substantially 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:***

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-0003916
<b>Date of Inspection:</b>	07 July 2015
<b>Date of response:</b>	05 August 2015

### 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 12. Medication Management

**Theme:** Health and Development

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

Medication was being administered from records which did not set out all the required information.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable

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

practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The person in charge will ensure that the new medication record (MP1 form) will be completed for all service users. All medication records will be Audited by the person in charge to ensure all information is in place for example that the maximum dose for PRN medication to be administered in a 24 hr period and the route of administration is included.

**Proposed Timescale:** 31/07/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The centre policy on monitoring and documentation of nutritional intake 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:**

The person in charge will ensure that all staff re-read Org policy on food and nutrition. This will also be included on the Agenda for the next staff meeting.

The person in charge will ensure through audits of the Individual Plans that all records are kept up to date.

**Proposed Timescale:** 30/09/2015

**Theme:** Use of Information

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

A satisfactory history of any gaps in employment history and a recent photograph had not been obtained for each staff member.

**Action Required:**

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation

to staff specified 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 .

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

The person in charge has obtained a recent photo and a satisfactory work history without any gaps from each staff member identified.

**Proposed Timescale:** 14/07/2015