

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001756
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Nan Savage
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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:
23 June 2015 11:20	23 June 2015 18:00
24 June 2015 09:30	24 June 2015 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and the management team, observed practices and reviewed documentation such as personal plans, medical records, policies and procedures. As residents living in the centre are out during the day, part of the inspection took place in the early evening, when residents had returned from their day activities.

The inspector found that residents received a good standard of care and support. The provider and management team had also taken measures to protect the safety of residents.

Residents' communication support needs were met. Staff supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to develop new skills.

The centre had a hospitable atmosphere, was suitably furnished and maintained in a clean condition.

Some improvement was required to an aspect of risk management and the statement of purpose. 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):

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

Findings:

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.

Residents were consulted in how the centre was operated and there was clear evidence that daily happenings in the centre were focused around the resident's needs and expressed wishes. The inspector noted examples of how residents were involved in the running of the centre for example, deciding on their own meals and assisting to keep their bedrooms clean. There were regular residents' meetings which enabled residents to make plans and discuss matters important to them. Staff recorded minutes of the meetings, which showed that residents had given feedback on specific items that concerned them and discussed menu planning, activities and goals. There was also evidence that residents were involved in future decision making such as the plans to develop the rear garden.

The inspector also noted that residents were actively involved in household activities such as shopping, laundry and food preparation. The inspector saw that some residents enjoyed completing household tasks and staff supported these residents to complete them. Additionally, the residents were involved in purchasing items for the centre including choosing furnishings.

Residents' rights were promoted and supported by the provider, person in charge and staff. Residents had a personal risk management plan in place that included the strategies in place to balance the safety of the resident and support their rights. An

individualised assessment of the resident's rights had been completed which considered any restrictions that were in place. 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.

The centre had a 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 complaints procedure was written in a legible format, including 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 book available to record complaints and the inspector found that that issues raised had been responded to and resolved by the person in charge and regional service manager.

An advocacy forum had been established within the organisation and arrangements had also been implemented in this centre to facilitate easy access to an advocacy service.

Staff engaged with residents in a respectful and appropriate manner that also supported the dignity and privacy of the resident. Intimate care plans were in place that guided 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. Plans were also in place to provide additional secure storage space within the centre.

Residents' belongings were respected and safeguarded. Each resident had single bedrooms which were personalised with photographs, pictures and individual belongings that had meaning to the resident. There was a lockable cupboard in each bedroom, in which residents could store personal belongings. Residents also had adequate space to store their personal belongings including clothes.

Staff spoken with demonstrated comprehensive knowledgeable of residents' needs and wishes and this corresponded with information and guidance that was documented in the care plans and recorded into the daily records.

Residents' civil and religious rights were respected. All residents were registered to vote and could attend the local polling station if they chose to do so. At the time of inspection Roman Catholicism was the only religion being practiced in the centre. There was a church nearby which residents could visit and supports were in place to facilitate residents to attend religious services. A Eucharistic Minister came to visit residents in the centre each week.

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):

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

Findings:

Systems were in place to assist and support residents to communicate. The inspector found that the person in charge and staff responded very effectively to the communication support needs of residents

Each resident had a communication profile documented in his/her personal plan which identified the most appropriate communication techniques for the resident. Speech and language therapy had been utilised to assist in the development of tailored plans for residents, when required. For example, a coloured pictorial activity board had been developed for a resident to clearly identify the resident's daily and weekly activity options. This supported the resident to make informed choices and ensure that s/he was fully aware of what was happening each day. For a different resident that enjoyed reading, staff kept a memory book which assisted the resident to recall daily events and gently remind the resident of important information. Staff and management spoken with were very knowledgeable on specific communication strategies that were in use with each resident.

A variety of information was displayed in accessible format on the notice boards and in the reception area, including an accessible version of residents' rights checklist, the Residents' Guide, parish news and coloured pictures of staff on duty during each shift. Pictorial images were used on doors of specific rooms to identify the use of the room and personalise residents' bedrooms. The inspector also noted that a range of easy to read policies and procedures were 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.

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):

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

Findings:

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

The person in charge and staff confirmed that there was an open visiting policy. Family and friends could visit at any time and the person in charge ensured that a log of all visitors to the centre was maintained. There was sufficient space within the centre for residents to meet visitors in private, if they wished. Residents also visited and stayed with family members on a regular basis. Each resident was supported by staff to identify important people in their lives and this information was used to develop a social network communication plan with details of how they could contact these people.

Residents were supported to maintain friendship with those they lived with in the past. A resident described to the inspector positive family supports that were in place and how s/he was facilitated to meet friends.

The inspector read records maintained in residents' files that confirmed family were very involved in the residents' annual assessment goal setting. Families were invited to attend and participate in residents' 'circle of support' meetings and the review of residents' personal plans. Records indicated that families were kept informed and updated with any changes, where applicable. Some residents visited day services and support groups each weekday where they had the opportunity to meet with and socialise with friends. The inspector spoke with one of the residents who confirmed this to be the case.

Residents were supported to attend various types of events including football matches and entertainment occasions, the swimming pool, the hairdresser and dine out in local restaurants and pubs. Residents frequently visited the shops and facilities in the nearby town and also went on bus trips.

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):

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

Findings:

There had been no recent admissions to the centre and the person in charge confirmed that there were no planned admissions. Both the person in charge and regional service manager explained an effective process that would be followed prior to any new admission.

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

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found that each resident's 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 suitable to their individual preferences both within the centre and in the community.

The inspector reviewed a sample of residents' files and noted that each resident had personal plans which detailed significant information about the residents' backgrounds, likes/dislikes and people important in their lives. The plans were developed in consultation with the resident/representatives and set out each resident's individual needs, life goals, personal outcomes which were kept under review. Each resident had an identified 'circle of support' consisting of their families, friends and key workers. There was evidence that these groups met every six months or more often if required, to discuss and plan around areas relevant to the resident's life and well-being. The inspector viewed a sample of minutes which were informative and summarised discussions that took place regarding the resident's current condition and needs.

Residents were supported by staff to access activities both within the centre and in the local community. This included arts and crafts, gardening, the cinema and community events such as festivals and parties. Residents had access to and enjoyed a number of social and therapeutic activities including, individualised therapy, shopping, day trips and walks. There were examples of where residents were supported to be independent and develop skills within the home or learn leisure skills. The inspector found that the way in which staff supported residents showed their understanding of each person and their individual needs.

There was evidence that supports were in place for residents to ease their transition between services. Residents were supported when attending appointments. Each resident had a document called the 'hospital passport' that was designed to accompany the resident on admission to general services. This document included key information about the resident such as any known allergies, communication requirements, medical history and their current medications.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The design and layout of the centre suited the needs of residents. It was located close to a town and a range of local amenities. The inspector found that there was a good standard of cleanliness noted throughout and that appropriate equipment was available for use by the resident and staff.

The centre comprised of a bungalow which was generally well maintained although some maintenance works were required to the external area. The house was very clean and furnished with comfortable and suitable furniture and fittings.

There was a choice of communal day space that included 2 sitting rooms. The inspector noted from the statement of purpose that an unused bedroom had been converted into the second sitting room. A resident spoken with during the inspection mentioned how she liked to use this room. Another resident had their own separate living room that appropriately met the individual needs of this resident.

Each bedroom was designed for single occupancy and were equipped with an ensuite

shower, toilet and hand-wash basin. The bedrooms were bright, well furnished and decorated in varying colour schemes to reflect the resident's wishes. The inspector saw that assistive devices including hand rails were installed for residents that required them.

Residents had adequate personal storage space including lockable cupboards and wardrobes. Some bedrooms had en suite toilet and shower facilities and there were sufficient additional bathrooms and showers, including assisted facilities.

Appropriate facilities were also available in the kitchen and laundry. The inspector found the kitchen was maintained in a clean and hygienic condition. There were ample supplies of fresh and frozen foodstuffs. Laundry equipment was located in an external building in close vicinity to the bungalow.

There was also a separate office, bedroom and toilet for staff use.

The inspector saw residents participating in outdoor activities during the inspection. An area had been designated for vegetable growing in the rear garden and the inspector noted that a resident assisted with this project. The person in charge described plans that were in place to further develop the land belonging to the provider at the rear of the centre and the inspector read that this had been discussed with residents.

Suitable arrangements were in place for the safe disposal of waste material. The inspector saw that waste was appropriately stored during the inspection and the person in charge explained how the waste was regularly collected.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

Health and safety of residents, visitors and staff was promoted and protected although some improvement was required in one area of risk management.

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

Hazard identification and risk assessment had been completed for different areas within the centre and also for the external area. The inspector noted that systems were in place for the regular review of risk and read that these assessments had been recently reviewed in June 2015. The inspector noted that appropriate control measures had been implemented in most areas.

However, the inspector noted that environmental risks that had been identified in some parts of the external areas during May 2014 had not yet been addressed. For example, there was no handrail at one section of the raised entrance area and some areas of the ground were uneven which increased the risk of falls. The inspector read that the person in charge had highlighted within the organisation that these risks had not been addressed.

In addition to environmental risks, individual risks specific to each resident were identified and control measures documented in residents' personal risk management plans. The inspector viewed a sample of these plans and found that they contained detailed guidance for staff to promote the health and safety of residents.

The inspector viewed fire safety policies and procedures and found that adequate systems were in place. There were up to date servicing records for all fire fighting equipment and the fire alarm system. All staff had received formal fire safety training and regular fire drills took place that involved residents and staff. Records of all fire drills were maintained which included important details such as the time taken and any required actions to improve the effectiveness of the fire drills. Individual evacuation plans had been developed for each resident. Staff who spoke with the inspector confirmed that they had attended fire training and they outlined clearly what to do in the event of a fire.

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

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

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

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Measures were in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults with a disability from abuse and there was a training programme implemented which ensured that each staff member attended training in prevention of abuse at three yearly intervals. Staff and management that spoke with the inspector were knowledgeable regarding their responsibilities in this area. The person in charge described clearly the measures that would be taken in response to an allegation of abuse. Staff that spoke with the inspector and training records viewed confirmed that staff had received formal training in this area.

Throughout the inspection, staff interacted with residents in a kind, caring, respectful and patient manner. A resident communicated to the inspector that s/he was happy living in the centre and was very complimentary of how staff provided support. This resident identified staff and management that s/he could speak with if s/he had any problems or concerns.

There were policies in place to guide staff on responding to behaviours that challenge and restrictive procedures. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The inspector reviewed a resident's behaviour support plans and found that the plans included prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies. The inspector noted that a system was in place for recording any episodes of behaviour that challenged and that data collated had been used to inform learning and enhance the supports that were in place for the resident. The inspector observed staff interacting with the resident in accordance with the behaviour support plan. All staff had attended appropriate training on managing behaviours that are challenging.

An adequate system had been implemented to ensure residents' financial arrangements were safeguarded. There was a policy in place on the management of residents' monies including belongings and valuables. Residents' money was securely stored in lockable safe storage which was accessible to residents whenever they required it. The inspector viewed a sample of financial records and found that the records had been kept up to date and corresponded with receipts and the balance checked by the inspector. The person in charge monitored residents' finances and an audit has also been carried out by the organisation's financial controller.

Residents confirmed that they felt safe and described the staff as being lovely and were able to tell the inspector about staff and management whom they could talk to if they had a concern.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector viewed a sample of incident records that were recorded in the incident book and found that required information was well documented. The incidents were reviewed by management to identify any possible learning outcomes including preventative measures that would improve service delivery.

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

Findings:
Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills. They were also encouraged to be independent in the house and community as much as possible.

Residents were involved in basic household chores, such as food preparation and laundry, as a form of skill building. There were development opportunities available to residents within the centre, in the local area and through day services that residents

attended. For example, a resident had completed a computer course and there were also plans in place for this resident to attend training on relationships. A resident told inspectors that they enjoyed attending the day service as it gave them an opportunity to meet with their friends and chat with staff that worked there. A different resident regularly attended a support group that had particular relevance to this resident's individual needs. Plans were also in place for this resident to attend a men's shed group that was being established in the area. There were other activities, independent of the centre that residents could take part in such as participating in film production, attending the local knitting club and pool hall. There was also a family resource centre available to residents if they wished to use it.

The inspector found that the resident's participation was based on the residents' current needs and expressed preferences.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to GP services including an out of hour's service. An inspector reviewed a sample of files and found that residents were regularly reviewed by their GP.

The inspector saw evidence of an annual multidisciplinary review of residents or more frequently if required. This review included the resident where possible, family, relevant members of the clinical team, staff and management.

Residents had access to a range of allied health professionals including 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.

Health screening was in place for residents and provided some valuable information for staff in the care of residents. Each resident had a health action plan in place that detailed specific areas that required close monitoring, the possible affect on the resident and their support needs.

Adequate systems were in place to ensure residents' nutritional needs were met. The inspector was satisfied that resident's nutritional needs were well monitored and included the use of a recognised assessment tool and monthly monitoring of the resident's weight. Individualised support plans were also in place for some residents. Staff described how they supported residents to have a healthy, balanced and nutritious diet and how they used advice from allied health professionals to inform menu planning. Referrals to the dietician or speech and language therapist were made as required and their recommendations were implemented. Residents were supported and encouraged to eat healthy balanced diets and participate in an exercise programme.

Residents appeared to enjoy their evening meal when they returned to the centre. Residents decided what they wanted for their evening meal and if any resident did not like what had been prepared, there was a range of alternatives available. One of the residents told the inspector that s/he loved the meals in the centre.

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

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

The inspector found that safe medication management practices had been implemented. Systems were implemented to protect the residents in relation to the management of their medication and medication practices were in accordance with the medication management policy.

Staff spoken with and training records indicated that all staff had received medication management training. Appropriate procedures were in place for the ordering, storage and return of medications.

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

The inspector viewed a sample of prescription/administration charts and found that they were completed correctly and contained the required information to enable staff to safely administer medications.

At the time of this inspection there were no residents prescribed medication requiring strict controls, no residents required their medication crushed and there was no medication requiring temperature control.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

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

Findings:

There was a written statement of purpose in place that described the services provided and complied with the majority of the requirements of the Regulations.

However, some improvement was required to ensure the statement of purpose accurately reflected the current facilities that were available to residents. For example, the floor plan indicated that there was an additional bedroom. The inspector found that this room had been converted into a second sitting room. The inspector also noted that the arrangements for residents to access education, training and employment were not clearly outlined.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

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

Findings:

The provider had established an effective management structure. The person in charge was appropriately qualified and demonstrated the necessary competence and experience to manage the centre. She was knowledgeable about the requirements of the Regulations and Standards, and was very familiar with the health and support needs and personal plans 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 in place in the organisation. She described how she reported to her line manager and felt supported in her role. The person in charge also attended area monthly team meetings and explained how these meetings were an effective way for problem solving and sharing learning.

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 noted that they were comprehensive and that findings had been used to improve the quality and safety of the service. For example, individual lockable storage space had been made available in residents' bedrooms and relevant cleaning protocols had been put in place. The person in charge had overseen the completion of required action plans. The person in charge was also involved in a range of 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 medication management and residents' personal plans.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge and management staff were familiar with the requirement to notify the Chief Inspector of the absence of the person in charge. The person in charge was also supported by the regional service manager. The inspector had interviewed this manager previously and found that she displayed a clear understanding of her roles and responsibilities under the Regulations when fulfilling this deputising duty.

There were arrangements in place to cover the absence of the person in charge both during planned absence and out of hours.

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.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

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

Findings:

There was evidence of adequate resources to ensure effective delivery of care and support. The centre was adequately furnished and equipped and there were resources to facilitate residents' occupational and social requirements.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

The inspector found that there was a committed and caring staff team who work effectively to ensure that the needs of residents were met.

There were adequate staffing levels which were based on the needs of residents. There was evidence that residents received continuity of care as there was a low turnover of staff and some staff had attended to the residents in a previous service. The inspector saw that staff were well known to residents and there was a nice rapport between

residents and staff.

The person in charge described the range of support provided by health care professionals within the organisation. This included the services of a behavioural support specialist, social worker, occupational therapist and speech and language therapist. The inspector saw evidence of their input into residents' personal planning.

The inspector noted that a continuous training programme had been implemented and records were kept of staff training. Staff spoken with and training records viewed confirmed that staff had completed up-to-date mandatory training and had been facilitated access to education and training to meet the needs of residents. The organisation had identified fire safety, abuse prevention, behaviour that is challenging, manual handling and first aid as mandatory training.

Staff had been recruited, selected and vetted in accordance with the requirements of the Regulations to ensure that staff employed in the centre were suitable to work with vulnerable adults. The inspector viewed a sample of staff files and found that they contained the required information as set down in Schedule 2 of the Regulations. This included photographic identification, references and Garda vetting.

Staff meetings took place regularly and were used to share information and discuss service delivery. Copies of the regulations and the standards were readily available in the centre. There were appropriate arrangements in place to ensure that all staff received formal supervision and support on a regular basis. The supervision provided improved practice and accountability.

While there were no volunteers attending the centre at the time of inspection, plans were in place to appoint a volunteer for some residents. The regional service manager had previously outlined to the inspector the documentation and supervisory requirements for volunteers. The person in charge confirmed that relevant information had been attained for these future volunteers including Garda Vetting already.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

Systems were in place to maintain complete and accurate records and 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 were viewed including a sample of policies and procedures, the Residents' Guide, accident and incident records, staff and resident files and residents' health care documentation. All records requested by the inspector were made readily available and found to be complete.

Up to date insurance was in place for this centre.

All policies as required by Schedule 5 of the Regulations were available.

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

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:

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 report¹

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001756
Date of Inspection:	23 June 2015
Date of response:	30 July 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 07: Health and Safety and Risk Management

Theme: Effective Services

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

Some environmental risks that had been identified by management in May 2014 had not yet been addressed. There was no handrail at one section of the raised entrance area and some areas of the ground outside were uneven which increased the risk of falls.

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

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

A submission for capital funding has been made with a view to upgrading the ramps and rails, replacing a water pump and levelling pathways, with works to be completed by 30/11/2015.

Proposed Timescale: 30/11/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not fully meet the requirements of the Regulations.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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 statement of Purpose was amended to change of use of one room from bedroom to office.

The House Drawing/Plans amended to identify office instead of bedroom –10/07/15

Additional section Education, Training & Employment added to SOP –30/07/2015

Proposed Timescale: 30/07/2015