

**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-0001773
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:	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:
14 July 2015 11:30	14 July 2015 18:30
15 July 2015 09:00	15 July 2015 18:00

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

This was the first inspection of this centre carried out by the Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

There is capacity for four residents in the centre and there were three residents on the day of the inspection. As part of the inspection, the inspector met with residents, staff and the management team, observed practices and reviewed documentation

such as personal plans, medical records, policies and procedures.

The centre was a single storey building and found to be clean, homely, suitably decorated and comfortable.

The inspector found that residents received a good standard of care and support. The provider and management team had taken measures to promote and protect the safety of residents. Residents' communication support needs were well met. Staff supported residents in making decisions and choices about their lives. Residents were also assisted to pursue their individual interests, goals and to develop new skills.

Staff and residents knew each other well. Residents were observed to be relaxed and comfortable in the company of staff and staff demonstrated a comprehensive knowledge of their needs and wishes.

Areas of non compliance related to an aspect of risk management, an aspect of fire safety, medication management and provision of appropriate training. These are discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

Effective measures were in place to respect residents' privacy and dignity and support them to exercise choice and control over their life in line with preferences and to maximise independence. There was a complaints process that had been appropriately implemented.

Where possible, residents and/or their representatives were consulted in how the centre was operated and there were examples that daily happenings in the centre were centred around the resident's needs. The inspector found that residents were involved in the running of the centre for example, shopping and choosing their own meals, picking furnishings and the colour of their bedroom. While formal residents' meetings had not yet been established, plans were in place to commence these meetings in a format that suited residents' needs.

The inspector found that staff regularly consulted with residents during the inspection and explained various activities that were going to take place including different stages of food preparation and events happening during the day.

Residents' rights were promoted and supported by the provider, person in charge and staff. Residents had a comprehensive 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. 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 at the time of the complaint 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 caring manner that also supported the dignity and privacy of the resident. Intimate care plans were in place 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.

Residents' belongings were respected and safeguarded by management and staff. Each resident had a single bedroom which was personalised with photographs, pictures and individual belongings that had importance to the resident. 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 staff took care with residents' belongings and ensured they were stored in a neat and tidy manner.

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

Residents' civil and religious rights were respected. At the time of inspection Roman Catholicism was the only religion being practiced in the centre. Residents were assisted to visit the church and supports were in place to enable residents to 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):

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

Findings:

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

Resident's communication needs were clearly outlined in their individual files and staff provided effective and supportive interventions to ensure these needs were met. Each resident had an informative communication profile and plan which identified the most appropriate communication techniques for the resident. Speech and language therapy had assisted in the development and ongoing review of tailored plans for residents. The inspector saw many examples of staff implementing communication techniques in accordance with the residents' needs. A multi sensory environment was promoted. The inspector found that a selection of cues had been developed which staff used to communicate everyday activities and events, such as a specific song to indicate the time of day. Residents responded positively to multi sensory cues that were in use including a tactile schedule that consisted of specific objects of reference that were used to represent activities that were going to take place such as a walk, cookery or going out for a hair cut. Other methods of communication including talking tiles and music were used to communicate specific information that was relevant to residents such as the time of day and staff coming on duty. Some residents also used a switch to operate a number of electrical appliances.

A range of information was displayed in accessible format on the notice board. 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 and music. One of the residents enjoyed specific type of music and the inspector noted that staff played this music for the resident.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were actively supported to develop and sustain personal relationships with their families. Each resident was also supported to interact in the local community in a manner that was safe for them and fulfilled their wishes.

There was a visitors policy that informed practice. Family and friends could visit 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 regularly. Each resident was supported by staff to identify important people in their lives and this information had been used to develop a social network communication plan with details on how these people could be contacted.

Residents were supported to maintain friendship with those they lived with in the past. Staff confirmed that the residents using this service had lived together for a considerable number of years and knew each other very well.

The inspector viewed records in residents' files that confirmed family were involved in the residents' annual assessment goal setting. Each resident had an identified 'circle of support' that included their families and key workers. Families were invited to attend and participate in residents' 'circle of support' meetings and the review of residents' personal plans. There was evidence that these groups met 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 around the resident's current condition and needs.

Residents visited day services each weekday where they had the opportunity to meet with and socialise with friends.

Residents were supported to attend various types of events including football matches, arts and crafts, concerts, the swimming pool and hairdresser. Residents also went on bus trips, frequently visited the shops and went for walks in the nearby town.

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:

While there had been no recent admissions to the centre the inspector noted that the person in charge and regional service manager were currently reviewing the suitability of the service for a new admission. Both the person in charge and regional service manager described an effective process that was currently under-way to determine the appropriateness of the service for the proposed resident, prior to any admission. The inspector read documentation that confirmed the measures taken so far as outlined by the person in charge and regional service manager. This included an initial assessment and a number of planned visits to the centre. Further steps were planned including an overnight stay before a final decision would be made at a meeting which would be attended by relevant parties including the family and management from different services that the resident currently utilises.

Contracts for the provision of services were agreed with each resident. The inspector viewed 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.

Residents were supported by staff to access activities both within the centre and in the local community. This included arts and crafts, bowling, the cinema and community events such as festivals. Residents had access to and enjoyed a number of social and therapeutic activities including, individualised therapy, 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. 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:

Overall, the design and layout of the centre suited the needs of residents. It was located in close proximity to a large town and a range of local amenities. The inspector found that there was a high standard of cleanliness throughout the centre and that appropriate equipment was available for use by the resident and staff. The house was also comfortable and suitably furnished.

The centre comprised of a bungalow which was internally well maintained although some maintenance works were required to the external area. There was wheelchair accessibility, however, one of the exits and parts of the grounds were not wheelchair accessible.

There was adequate accommodation within the centre that included a homely-style sitting room and open plan kitchen and dining area. The inspector observed residents spending time in these areas during the morning and evening part of the inspection. Each bedroom was designed for single occupancy and one of the resident's bedrooms was equipped with an ensuite shower, toilet and hand-wash basin. The inspector found that 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 overhead hoists were installed for residents.

There were sufficient hand washing, toilet and shower facilities. There was also a bedroom and toilet for staff use.

Residents had adequate personal storage space including lockable cupboards and wardrobes in their bedrooms.

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

Suitable arrangements were in place for the safe disposal of waste material.

The inspector found that the outdoor area was kept in a tidy condition. However, there was a large obsolete swing that had not been removed or replaced with suitable outdoor leisure equipment for residents. The person in charge outlined plans that were in place to landscape the garden and provide a sensory area. The inspector read documentation that confirmed meetings had taken place to upgrade the garden.

Judgment:

Substantially 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 an area of risk management and fire safety.

There was a risk management framework that included an organisational and localised

health and safety statement, a risk management policy and formalised precautions for specific risks identified in the Regulations. The risk management policy was up to date and provided appropriate guidance on areas of risk management including risk assessment, development of personal risk management plans and balancing safety and rights. Based on this guidance 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.

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

However, the inspector found that some environmental risks that had been identified since October 2011 had not yet been completed. For example, an exit ramp beside the patio doors of one resident's bedroom was very steep and had no hand rails which increased the risk of an accident. The inspector read that the previous person in charge had highlighted within the organisation that these risks had not been addressed. The inspector noted that this risk had been included on a maintenance work plan dated 12 July 2015.

The inspector reviewed fire safety policies and procedures. 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 details such as the time taken and any required actions to improve the effectiveness of the fire drills. Staff who spoke with the inspector confirmed that they had attended fire training and they described clearly what to do in the event of a fire. The procedures to be followed in the event of fire were also displayed.

There was a detailed emergency plan in place which directed staff on what to do in the event of different types of emergencies. The plan also included arrangements for emergency transport and alternative accommodation. The inspector also noted that each resident had a comprehensive evacuation plan in place that identified their individual needs. However, the inspector noted that some emergency exits shown to the inspector had not been signed as emergency exits.

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 to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

Effective measures were in place to protect residents from being harmed or abused. There were policies on the safeguarding of adults and children 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 of their responsibilities in this area. The person in charge outlined clearly appropriate measures that would be taken in response to an allegation of abuse. Staff that spoke with the inspector and training records reviewed confirmed that staff had received formal training in this area.

Throughout the inspection, the inspector found that staff interacted with residents in a kind, caring and respectful manner.

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 observed staff interacting with the resident in accordance with the behaviour support plan. Staff had attended appropriate training on managing behaviours that are challenging.

Appropriate measures were in place 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 safely stored in lockable storage that were kept in the resident's bedroom. The inspector viewed a sample of financial records and found that the records had been maintained up to date and corresponded with receipts and the balance spot checked by the inspector in conjunction with the person in charge. The person in charge regularly monitored residents' finances and an audit has also been completed 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):

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

Findings:

The person in charge was familiar with 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 reviewed a random 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 the delivery of the service.

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:

The inspector found that residents' general welfare and development was being facilitated. Residents were supported to achieve their full potential. Each resident had opportunities for new experiences and to develop further skills as appropriate to their abilities.

There were development opportunities available to residents within the centre, in the local area and through day services that residents attended. Some residents used a special device to operate equipment. For example, one of the residents used this device to turn on and off the sewing machine used to make aprons for the resident. A different resident regularly attended a support group that had particular relevance to this resident's individual needs. One of the residents was currently transitioning from the school environment to a day service that had been chosen as most suitable to meet the needs of this resident. Appropriate supports had been identified and there was evidence of regular communication between key staff and the resident's family.

The inspector found that the resident's participation was based on the residents' current needs and their 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:

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. Residents were regularly reviewed by their GP and they had access to a variety of allied health professionals such as speech and language therapy, physiotherapy, occupational therapy, psychology and psychiatry. Records of referrals and appointments were kept in residents' files and recommendations were included in the resident's personal plan.

An annual multidisciplinary review took place for each resident 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 and updated to reflect the current health status of the resident.

Each resident had a health action plan in place that detailed relevant areas and conditions that needed close monitoring, the possible affect on the resident and their support needs.

Adequate arrangements were in place to ensure residents' nutritional needs were met. 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.

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.

Staff enabled residents to have 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):

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

Findings:

The inspector found that there were generally safe medication management practices in place although some improvement was required.

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

The inspector reviewed a sample of residents' medication records and read that some did not contain all of the required information to allow staff to consistently administer medications safely. For instance, the maximum dose of PRN (as required) medications was not specified for each resident.

Each resident's medication was stored in a safe manner and the inspector found that medications were within their expiry dates. However, the inspector found that there were no guidelines on when to record the date that specific medications were opened

including liquid medications. A required action relating to this matter is included under Outcome 18. In practice, the inspector saw that staff recorded this date for medications that had to be used within a specific time-frame after opening. There were appropriate measures in place for the return of unused medications to the pharmacy.

Although no resident was self-medicating staff had been proactively risk assessed residents to determine the suitability for the individual resident.

Training records showed that all staff who were involved in medication administration had received medication management training and staff spoken with displayed were familiar with their role and responsibility regarding medication management.

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

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

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):

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

Findings:

There was a written statement of purpose that complied with the requirements of the Regulations.

Judgment:

Compliant

Outcome 14: Governance and Management

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

responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider had established a management structure, and the roles of managers and staff were set out and understood.

The current person in charge had recently commenced this role. She had previously worked with the residents living in this service and was familiar with their health and support needs. The inspector found that she was appropriately qualified and demonstrated the required competence and experience to run the centre. She was knowledgeable about the requirements of the Regulations and Standards. The person in charge was also a manager of another centre and outlined to the inspector how she planned to ensure effective oversight in both centres. At the request of the inspector, a work plan was submitted to the Authority confirming the content of these discussions and how she planned to fulfil the role of person in charge in both centres.

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 the how she reported to her line manager and felt supported in her role. The person in charge attended area monthly team meetings with her peers which was a valuable forum to gain support from colleagues and obtain updates on any organisational changes.

The provider arranged for the centre to be audited twice yearly by managers within the organisation including the regional service manager. The inspector read a sample of these audits and found that findings had been used to improve the quality and safety of the service. The person in charge had been involved in the completion of some of the required action plans. The person in charge also completed reviews of accidents, incidents and carried out audits of areas including medication management and residents' finances. The person in charge was the medication trainer for the organisation and this aided her role in auditing medication in this centre.

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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.</p> <p>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 was currently on planned leave and in her absence appropriate arrangements had been put in place in her absence. A new person in charge had been appointed and was being supported by the regional service manager.</p> <p>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. A required notification had been submitted to the Authority in accordance with the Regulations.</p>
<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>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.</p>
<p>Judgment: Compliant</p>

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 well to ensure that the needs of residents were met.

The inspector found that there appeared to be adequate staffing levels which were based on the needs of residents. During part of the inspection, there was an extra staff member on duty. The inspector was informed that this was to assist the person in charge to facilitate the inspection. 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 also noted that a member of the team that worked in the day service where residents attended also completed shifts in the centre. The inspector saw that residents knew staff well and there was a nice rapport between residents and staff.

From documentation viewed and from speaking with the person in charge and staff, the inspector noted that there was a range of supports provided by health care professionals within the organisation. This included the services of an occupational therapist, physiotherapist, speech and language therapist, behavioural support specialist and social worker. The inspector saw evidence of their input into residents' personal planning and how this had result in improved outcomes for residents.

The inspector noted that a continuous training programme was in place and records were maintained 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 specific needs of residents using this service. The organisation had identified fire safety, abuse prevention, behaviour that is challenging, manual handling and first aid as mandatory training.

Staff meetings took place regularly and were used to share information and ensure that staff were familiar with any changes in residents' care needs. Copies of the regulations and the standards were available in the centre. There were suitable arrangements in place to ensure that all staff received formal supervision and support on a regular basis. Staff and files viewed confirmed that supervision meetings took place regularly and were used to improve practice and accountability.

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:

The inspector found that the records required by the Regulations were maintained in the centre.

During this inspection a variety of documents, including the Residents' Guide, directory of residents, medical records, staff recruitment files and health care documentation, were viewed and was found to be compliant. All policies as required by Schedule 5 of the Regulations were available and up to date. However, the policy on medication management did not provide adequate guidance to staff on how to monitor medications once opened.

Adequate procedures were in place for the recruitment, selection and vetting of staff. The inspector viewed a sample of files and found that required information had been obtained for each staff member.

All records requested during the inspection were made readily available to the inspector. Records were clear, organised and securely stored.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001773
Date of Inspection:	14 & 15 July 2015
Date of response:	02 September 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 06: Safe and suitable premises

Theme: Effective Services

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

Some areas were not readily accessible for residents that lived in the centre.

1. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its

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

accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

1.The frame for the swing that is no longer in use has been removed on the 27/08/2015

2.The Bedroom exit and surrounding area to be made wheelchair accessible – wheelchair ramps to be installed. A plan has been costed and an application has been sent for funding to the funding authority and once this has been provided the work will be completed.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

Appropriate outdoor recreational areas and facilities were not available.

2. Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

Long term plan –

- PIC has met with Head of Maintenance on 25/08/15 and the Regional Services Manager and the plans in place will be further developed to landscape the garden and develop a sensory garden as outline in one individual's priorities.

Short term plan –

- Removal of the swing frame that is no longer in use took place on the 27/08/15
- Garden to be made wheelchair accessible by Maintenance Department by October 2015 subject to funding approval.

Proposed Timescale: 31/10/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Some environmental risks that had been identified by management had not yet been addressed. A resident's bedroom opened onto a steep ramp that had no handrail.

3. 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:

- 1.The PIC has met with Maintenance Manager to finalise a costing to install ramps and patio doors as identified in Environmental Risk Assessment. This costing has been forwarded for funding to the funding authority. This work will be completed once funding has been approved.
- 2.The exit ramp beside the patio door in one resident's bedroom will be made wheelchair accessible and the appropriate hand rails will be put in place – October 2015 subject to funding approval.
- 3.In the interim staff will continue to use alternative designated fire exits as outlined in each individuals Fire evacuation plan and in the Emergency Centre Response Plan.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

Some emergency exits shown to the inspector were not identifiable as emergency exits.

4. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- 1.Emergency Exit signs were installed on emergency exits as requested by the inspector as on 17/07/2015

Proposed Timescale: 17/07/2015

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:

Some PRN medication was being administered from records which did not set out all the required information.

5. Action Required:

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

1.All Prescription sheets (MP1's) will be amended to state the maximum dosage of PRN in 24hrs which can be administered for each resident.

Proposed Timescale: 15/09/2015

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 policy on medication management did not provide adequate guidance to staff on how to monitor medications once opened.

6. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

- The Policy on Medication Management will be amended in line with the organisations Policy Review process to give clear guidance to staff on how to monitor medications once opened.
- The PIC will implement local guidelines to guide staff on best practice in relation to monitoring medications which will include ensuring that dates are put on all medications bottles once opened – 15/09/2015

Proposed Timescale: 15/09/2015