<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0001782</td>
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<td><strong>Centre county:</strong></td>
<td>Mayo</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Western Care Association</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Bernard O'Regan</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Conor Brady</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>5</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
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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 1 day(s).

The inspection took place over the following dates and times
From: 24 June 2015 08:45  To: 24 June 2015 19:10

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
The purpose of this inspection was to inform a registration decision and monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the Standards).

This was the first inspection of this designated centre which was a country dwelling in a rural location that provided residential care to 5 residents. The inspectors met all residents as part of this inspection. Residents in this centre communicated non verbally. The inspectors also met with the person in charge, persons participating in
management and social care staff. The inspectors observed practice and reviewed documentation such as personal care plans, healthcare plans, medical/clinical information, accident and incident records, risk assessments, medication records, meeting minutes, policies, procedures and protocols, governance and management documentation, staff training records, rosters and staff files.

Overall, the inspectors found there was a good level of compliance in this designated centre, with positive outcomes observed for residents and evidence of good service provision in accordance with the Regulations and Standards. Residents were found to be well cared for and provided with an appropriate standard of care in the centre.

However, there were also some areas of improvement required in the areas of;

- Residents contracts for provision of services
- Premises
- Health, Safety and Risk Management
- Workforce/Staff Training

All of these issues will be discussed in detail in the main body 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:

Inspectors found that residents were consulted with and participated in decisions about their care in accordance with needs, wishes and abilities. Residents and families were found to have access to advocacy services and information about their rights. Each resident’s privacy and dignity was found to be respected, including receiving visitors in private.

Residents in this centre communicated non-verbally therefore staff advocacy on residents behalf was very important. Inspectors spoke to staff who presented as caring and who knew the residents very well. Some residents displayed specific behaviours that meant staff support (particularly in public settings) was very important.

Inspectors found that each resident was enabled to exercise choice and control over his/her life in accordance with individual preferences, abilities and capacities. The person in charge articulated the importance of continually ensuring residents were supported in terms of community integration and skills development.

There was a complaints procedure found so as each resident, their family, advocate or representative could make a complaint. There were no complaints in the complaints log at inspection time.

Each resident had their own room and personal space within the designated centre to enjoy privacy. The inspector found that consultation and residents rights were promoted in this designated centre through on-going interaction by staff, planned programmes and professional staff.
Residents' finances and personal possessions were protected by organisational policy and practice. The area of finances had been substantially audited and updated in this centre. This will be discussed in more detail under Outcome 8 - Safeguarding and Safety.

**Judgment:**
Compliant

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**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:**
Overall the inspectors found communication systems in place to facilitate resident's communication needs.

There was a communication policy in place and personal plans reflected residents' communication needs. Residents with specific communication needs were facilitated through assessment led guidance and professional care-giving. There were examples of good practice. For example, the use of object cues, aromatherapy (different scent for every day of the week), sensory rooms, picture prompts with automated staff voice features and music to signify mealtimes and certain events.

As a lot of residents had specific impairments and limited verbal communication abilities, the use of creative methods were continually adopted to support residents by staff.

The person in charge stated there was a big emphasis on supporting residents communication due to their complex needs and communication difficulties. Residents were observed being communicated with in a caring and supportive manner by the staff on duty. Staff presented as knowledgeable of residents communication plans.

The inspector found that residents had access to appropriate communication media such as television, radio and newspapers/magazines. The inspector found on-going dialogue with families regarding residents' assessed and communication needs.

**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:**
The inspector found that residents were supported to develop and maintain personal relationships and links with the wider community in accordance with needs, wishes preferences and abilities.

Families were encouraged to get involved in the lives of residents. Families were invited to attend planning meetings and be actively involved in the care planning and provision of care to residents. The inspector found family communication care plans in place and clear records maintained around family involvement and contact.

Residents had pictures of family members in the designated centre. Residents were observed to integrate into the community with support. Due to behaviours all community integration required support and this was provided. Staff supported residents to attend a local barbers, visit the local church and socialise in the local pubs and restaurants. The person in charge stated continual work was required to ensure all residents had appropriate access to their community on a on-going basis.

**Judgment:**
Compliant

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### 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:**
All residents had contracts for the provision of services in place but changes were required to accurately account for an additional charge stated in the contracts.
The contracts for the provision of services set out the services to be provided for residents and contained a list of fees to be charged. Included in these fees was an additional monthly contribution per resident of €50 to €100 towards the fuel costs of transport that was available to the residents in the service.

Inspectors found that this contribution to fuel costs did not reflect practice and was overstated as three of the residents only were required to make contributions of €10 on a weekly basis towards these costs. During feedback the Person and in Charge and her Regional Manager undertook to rectify this issue.

An admissions policy was in place which was reflected in the Statement of Purpose. All five residents have been in the centre since 1994 and there were no plans for additional admission at the time of inspection.

**Judgment:**
Non Compliant - Moderate

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**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:**
Each resident’s wellbeing and welfare was maintained by a good standard of evidence-based care and support. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs were clearly and accurately set out in an individualised personal plan, that reflected resident's needs, interests and capacities. Personal plans were found to be drawn up with the maximum participation of each resident.

The inspector reviewed a number of personal plans which contained up to date care plans for all aspects of service provision and care for residents. Residents had clearly defined person centred plans that outlined goals and objectives for residents. For example, residents who wanted specific community activity and residents who were
working towards new individualised day service programmes. Residents were observed returning from their day services and were going for ice cream (it was a very warm day) and an outing was planned for the evening.

The inspector found that goals/objectives were clearly defined in terms of persons responsible for providing support and the timeframes they were to be achieved. The inspector found that the person in charge had a clear system of review to ensure care planning and person centred planning was effectively monitored and reviewed in respect of each resident.

In discussing social care needs the inspector found that residents enjoyed going on outings, walks, going to the pub and eating meals out. The inspector found that residents had busy schedules and good levels of social activities in their lives. The person in charge stated all team members were continually monitoring residents activity levels and promoted new experiences for residents in the centre. All aspects of care were clearly documented in personal plans, updated accordingly and kept under appropriate review.

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 premises of the centre were suitable to meet the needs of residents however the toilet facilities in one of the bathrooms was inadequate to meet resident’s needs.

The service was provided in a bungalow located close to the day services of some residents. There were sufficient parking facilities at the front of the premises for staff vehicles and the bus and car available to residents. The rear of the house contained a large enclosed garden area with an outside table and benches all of which were available for residents’ use.

The interior was colourfully decorated and presented in a homely manner. All residents had their own bedrooms which were personalised with photographs and contained ample storage space. A sensory room was also available to residents along with
communal areas including a recently redecorated living room.

There was a sufficient amount of baths, showers and toilet facilities to cater for residents. However the main bathroom in the premises contained a stainless steel toilet which did not lend itself to catering to the needs of residents using this facility.

Inspectors saw recent maintenance checks for amenities used within the premises including water and the heating system.

**Judgment:**
Non Compliant - Moderate

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**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:**
Adequate arrangements were in place to ensure the health and safety of residents, visitors and staff but improvements were required to ensure the risk management policy in operation complied with the Regulations.

There was sufficient precautions against fire in the centre. Fire exists were unobstructed, fire orders were on display throughout and the fire detection system and fire fighting equipment had been subject to maintenance checks. All residents had personal evacuation plans in place. Staff members spoken to were knowledgeable about the contents of these plans and what to do in the event of evacuation being required.

Fire drills were carried out at varying times of the day on a regular basis. Issues identified on such drills were acted upon including the addition of an evacuation sheet to one resident’s bedroom. Although all staff had received fire training in line with the provider’s policy, not all staff had received training in the use of the evacuation sheet at the time of inspection. Some staff were also in need of refresher training in manual handling as discussed under Outcome 17.

The risk management policy was in place in the centre provided for the development of individual resident’s personal risk management plan. However the policy did not outline the measures and actions in place to control certain specified risks including self harm and the unexpected absence of any resident as required by the Regulations.

A site specific safety statement and risk register were in place, both of which had been recently updated. An emergency plan was in place which outlined the steps to be
followed in the event of a number of emergencies taking place such as fire and loss of heating. Alternative accommodation and transport were provided for in this plan.

**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:**
The inspector found that the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre.

The inspector found policies in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. Staff highlighted these procedures to the inspector and showed the reporting system to the inspectors. The inspector was informed of the designated liaison person and reviewed a recent notification that was investigated through the appropriate process in accordance with organisational policy and regulatory requirements. There had been a report of suspected financial abuse within the centre. This matter had been investigated in full and a satisfactory report was furnished to the Authority. The appropriate responses, audit and control measure were introduced to financial practices in the centre following this investigation.

The inspector was satisfied that staff were familiar with the different types of abuse residents were vulnerable to and the mechanisms in place to report and support residents where/when required.

There were clear policies in place on the use of restrictive procedures. On review of documentation and through discussion with staff, the inspector determined that the centre was promoting a restraint free environment in as far as was possible. Certain restrictions were in place to support the resident’s safety and protect residents property. For example, the use of locks on the front door and safety vests for residents on transport vehicles. All restrictions were risk assessed, monitored and reviewed on an ongoing basis. There usage was well documented and monitored, and there was clear
rationale for the use of any restriction within the designated centre.

Appropriate training had been completed by staff in the areas of protecting vulnerable adults and managing challenging behaviours which ensured staff were equipped from a training perspective in line with regulatory requirements.

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:
A record of all incidents was maintained in the centre. Inspectors reviewed this record and all incidents which required notification had been submitted to the Authority.

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 was satisfied that the residents were supported to participate socially in activities suitable to their age, interests and needs. The inspector observed residents, staff and reviewed documentation and found that the residents were provided with suitable activation in line with their own goals and preferences and relevant to their changing needs.
The inspector found that some residents attended day services while others had recently established individualised day services in their local community. The inspector viewed a day service that was across the road from the designated centre. The inspector was satisfied that residents were encouraged to pursue interests and lead busy, fulfilled and meaningful lives in line with their assessed needs.

**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:**
Overall the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents had clearly documented healthcare plans that demonstrated residents were being supported in their health care needs in accordance with their care planning. The inspector saw that residents had the opportunities to access allied health professionals such as G.P., optician, dentist, and psychiatry. Residents had access to specialist services and hospital appointments when and where required.

The inspector saw evidence of the monitoring of weight and specific action planning in place to ensure residents were regularly reviewed to enjoy best possible health. The inspector saw evidence of speech and language assessment when appropriate for residents. Residents healthcare documentation was maintained to a high standard and was clear and accessible. For example, assessments and appointment schedules/calendars. It was clear that the person in charge ensured residents were supported and facilitated to have their healthcare needs met to a good standard.

Regarding food and nutrition residents were observed to be provided with healthy home cooked meals. The inspector discussed meals and food with staff who clearly highlighted that they promoted choice regarding what the residents ate and when they ate. The inspector observed menu choices, healthy eating promotion and residents having the freedom to choose food and access food as they wished. Residents were observed eating strawberries and blueberries as they relaxed in the centre having returned from their day service. Residents presented as very content and were treated with dignity and respect by the staff on duty.
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:
Medication management in the centre had been positively influenced by a recently updated medication policy but improvements were required in relation to staff training and the storage of medication.

The provider has recently introduced an updated medication policy which provided more comprehensive guidance for staff. This policy had recently been put in effect in the designated centre and had resulted in improved documentation and safer medication administration for residents. Medication audits were also being carried out on a monthly basis.

These audits identified that not all staff had undergone medication training. While efforts were made to ensure that the staff administering medication had received training in this area it was evident from discussion with the Person in Charge and staff that there had been occasions where staff who did not have training in this area had administered medication. This is further addressed in Outcome 17.

Residents’ medication was stored on an individual basis in their own bedrooms. While a locked press was available in each of the resident’s bedrooms not all medication was securely stored. One resident’s locked medication press was contained in a shelf of his unlocked wardrobe. Although some prescribed medication was securely stored in the locked press, others were too big to put inside this press and instead were placed outside the locked presses on the wardrobe shelf.

Comprehensive protocols for the use of PRN medication were in place in line with the medication policy.

Judgment:
Non Compliant - Moderate
**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:**
Inspectors reviewed the Statement of Purpose and found that it did not meet the requirements of the Regulations. This was addressed during the course of the inspection and an updated Statement of Purpose was produced which accurately described the service and met the Regulations’ requirements.

**Judgment:**
Compliant

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**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:**
Overall the inspector found that the quality of care and experience of the residents was monitored and developed on an ongoing basis in this designated centre. The inspector found that effective management systems were in place that support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and the organisation.

The inspector found the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge had 20 years experience with the organisation in a
The person in charge highlighted a number of audits carried out in the designated centre in areas such as care planning, healthcare assessments, health and safety, finances, hygiene of premises and records and documentation. The inspector found evidence of unannounced visits and audits and action/work plans devised by the providers management team. An annual review was also available on inspection as required by the Regulations.

The inspector found that the person in charge had very clear and comprehensive oversight over the level of care provided to residents and was very accessible to residents. The person in charge highlighted various checking systems in place with residents and families to ensure she was fully aware of the care provided in the designated centre. The person in charge had regular contact with families and was very much an operational manager who was ‘hands on’ within the designated centre. The person in charge was also responsible for the management of day services and split her time across centre.

The inspector found there were clear lines of authority whereby the person in charge was supported by an area manager whom was also present at inspection. The inspector found that staff were satisfied with structures in place and found clear and accurate rosters, staff training schedules and performance management systems were in place and well maintained.

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 inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was a shift leader identified on the roster in addition to deputising arrangements whereby the local area manager would oversee and manage the designated centre in the absence of the person in charge. The
inspector found there were no instances whereby the person in charge was absent for 28 days or more. The person in charge was aware of her regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

**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:**
The inspector found that the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The inspector found that this was evidenced through the positive outcomes for residents such as their quality of life, levels of activity in their lives, and care delivered by staff. Residents homes were well maintained, staffed and transport was available to residents as required. The inspector found that the designated centre was sufficiently resourced to meet the needs of all residents.

**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:**
There was sufficient numbers of staff to ensure that the needs of residents were met but additional training was required for some staff members.

Inspectors reviewed staff rosters of the centre and found that there were appropriate staff numbers to meet the assessed needs of residents. Staff members spoken to indicated that they were satisfied that sufficient numbers were on duty to provide for residents throughout the week.

As per the designated centre's staff development policy, manual handling training was a mandatory course that required refresher training every three years. However three members of staff had not undergone such training for over three years while, as discussed under Outcome 7, not all staff had been trained in the use of an evacuation blanket. As highlighted in Outcome 14, medication training had not been provided to all staff administering medication to residents.

Three of the residents in the centre have a diagnosis of autism however from reviewing training records it was evident that five staff members had not undergone any training in this area. The need for increased staff training in autism awareness had been identified by Person in Charge in a recently conducted analysis of training needs within the centre.

A review of a sample of staff files indicated that all staff had received Garda vetting clearance. It was also apparent that from these files that staff received supervision from the Person in Charge on a regular basis. Staff stated that they were confident that they could approach the Person in Charge to discuss additional training or other matters should they felt the need to.

There was one volunteer working the centre. Inspectors reviewed this volunteer’s file and found she had been Garda vetted, had her roles and responsibilities set out for her in writing and received supervision from the Person in Charge.

Judgment:
Non Compliant - Moderate

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 designated centre complied with all records and documentation requirements as set out in the Regulations.

All policies and procedures required by the Regulations were maintained in the designated centre although, as highlighted in Outcome 7, improvements were required to the risk management policy. Staff members were familiar with these policies and knew where to access to them.

Inspectors reviewed a sample of staff files and found that they were well maintained containing all the required records such including written references and Garda vetting. Resident files were also properly maintained with any required information easily retrievable.

A residents’ directory was also in place and all information requests made by inspectors during inspection were complied with in a prompt manner.

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:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

| Centre name: | A designated centre for people with disabilities operated by Western Care Association |
| Centre ID: | OSV-0001782 |
| Date of Inspection: | 24 June 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contribution fee towards fuel transport costs as outlined in the contracts was not accurate and did not reflect practice.

1. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
All individual service agreements have been updated to reflect the exact amount contributed by each individual on a monthly basis on the 26th June 2015

Proposed Timescale: 26/06/2015

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The toilet facilities in the main bathroom were not suitable for residents' needs

2. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
The toilet in the bathroom was changed on the 26th June 2015 and is now suitable for residents’ needs

Proposed Timescale: 26/06/2015

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:
The measures and actions to control the unexpected absence of any resident were not included in the risk management policy.

3. Action Required:
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

Please state the actions you have taken or are planning to take:
The Missing Person’s Policy will be cross referenced in the Risk Management Policy.
**Proposed Timescale:** 11/09/2015  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The measures and actions to control the accidental injury to residents, visitors or staff were not included in the risk management policy.

4. **Action Required:**  
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**  
The Department Safety Statement which includes the Hazard identification process and the Incident Reporting Policy will be cross referenced in the Risk management Policy.

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**Proposed Timescale:** 11/09/2015  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The measures and actions to control the violence and aggression were not included in the risk management policy.

5. **Action Required:**  
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**  
The Organisational Safety Statement will be cross referenced in the Risk Management Policy.

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**Proposed Timescale:** 11/09/2015  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The measures and actions to control self harm were not included in the risk management policy.

6. **Action Required:**  
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.
Please state the actions you have taken or are planning to take:
Listening and Responding to People who Challenge and the Use of Restrictive Practices will be cross referenced in the Risk Management Policy.

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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had undergone training in the use of an evacuation blanket.

7. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
All staff will be trained in the use of an evacuation blanket by 30/09/2015

| Proposed Timescale: 30/09/2015 |

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:
Not all medication in the designated centre was securely stored.

8. 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:
All medication is now securely stored in the designated centre and this is being monitored by the PIC since the 26th June 2015

| Proposed Timescale: 26/06/2015 |

Outcome 17: Workforce

| Theme: Responsive Workforce |

| Proposed Timescale: 26/06/2015 |
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received training in autism, manual handling and medication management.

9. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
All staff will have completed training in medication and manual handling by 31/10/2015 in line with the organisational training calendar.
In addition a training workshop on Autism will be provided to the team by 30/11/2015

Proposed Timescale: 30/11/2015