Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001769</td>
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<td>Centre county:</td>
<td>Mayo</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>Western Care Association</td>
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<tr>
<td>Provider Nominee:</td>
<td>Bernard O'Regan</td>
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<tr>
<td>Lead inspector:</td>
<td>Louise Renwick</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</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 2 day(s).

The inspection took place over the following dates and times
From: To:
14 July 2015 09:10 14 July 2015 19:10

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

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Summary of findings from this inspection
The provider has applied to register for four beds in this designated centre which is currently home to 3 residents in a full time residential capacity, and offers occasional respite to one resident at present. As part of this inspection, the inspector met residents, staff and members of the management team, along with reviewing relative questionnaires and documentation such as care plans, personal plans, policies and procedures.

The inspector found that the care and support provided in this centre was of good quality, and the inspector found high levels of compliance with the Regulations and
Standards.

Residents were observed to be treated with dignity and respect, and communicated with in a manner suitable to their individual needs and preferences. The centre was homely in nature, with sufficient communal and private space for residents, and also included an accessible garden with further areas for residents to spend time alone if they wished. The inspector found that there was an adequate number of staff on duty to support residents to realise their goals, and to ensure care plans were adequately implemented. Management systems and structures were in place to ensure the centre was continuously monitored in relation to the quality and safety of care on offer to residents.

The findings of this inspection are outlined in the following report, and in the action plan at the end.
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:
The inspector found that residents' rights and dignity were respected and promoted in the designated centre. Through the inspection, the inspector observed interactions between residents and staff and found them to be respectful of each resident's individual manner of communicating. Any rights that were restricted for residents due to safety concerns had been recorded and were reviewed regularly by a rights committee to ensure there was clear rational for any restriction and a plan to try to reduce this.

The inspector found there to be a complaints policy and procedure in place, with information on display for families and residents to assist them to understand how to make a complaint, or how to access advocacy services if they wished. The inspector found that staff acted as advocates for residents in the centre, with evidence of positive changes following staff raising rights issues on behalf of residents. For example, increased and more flexible staffing rosters now promoted better access to activities and choice for residents.

The inspector found there to be consultation with residents throughout the day to ensure residents were guiding their daily routine. For example, through the use of alternative communication tools and clear plans on the routine and choices available for residents. Staff spoke to the inspector about encouraging some residents to make more choices in their daily lives by improving communication and sampling more options.

Overall the inspector was satisfied that residents were treated with dignity and respect, were encouraged to be active participates in the centre, and consulted about aspects of their daily lives and future goals.
### 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:**
The inspector found that residents were supported to communicate as freely as possible in the designated centre, with effective and supportive interventions in place to promote this. Residents living in this centre had particular communication needs, the inspector found that these were clearly outlined in updated communication profiles and plans. Assessments had been carried out using a validated assessment tool to determine how non-verbal residents communicate emotions or pain or distress.

During the inspection, the inspector observed staff applying different methods of communication to assist the residents living in the centre. These interventions were encouraging residents to take as much control over their daily lives as possible. For example, the centre omitted different aromatherapy smells on each day of the week to assist residents to identify the day of the week. The home was decorated discreetly with objects of reference at various points around the building to assist residents to understand the different rooms and their functions. Such as a ladle holder placed at the door frame of the kitchen, or a soft cushion on the entrance to the living room.

Residents had tactile boards available to them to communicate their needs, along with the use of "now and next" trays. Due to the visual and hearing difficulties of some residents, staff had a bracelet system in place to assist residents to identify which staff was supporting them. All staff had uniquely identifying bracelets that were consistently worn on each shift.

The inspector found a very effective and positive approach to communication in the centre, with supportive interventions consistently applied to ensure residents with complex communication needs were supported with their communication at all times.

**Judgment:**
Compliant
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 maintain personal relationships and links with the wider community. On review of documentation the inspector found evidence of formal annual meetings with the resident and their family members to plan out the residents' goals for the coming year. Documentation also showed the different relationships that each resident had with the members of their support circle, and the frequency of their contact and main support role in the residents' lives. Questionnaires reviewed outlined residents' families felt welcome in the centre, and the inspector observed family members calling into the centre over the two days of inspection.

**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:**
The inspector reviewed residents' files and found that there were signed written agreements in place which clearly outlined the terms and conditions of their residence, what care and support would be delivered, and any costings associated with all aspects of care. The inspector determined that these agreements clearly detailed the services to be offered to residents. Residents' families had signed these agreements on behalf of the residents availing of supports in this centre.

There was a policy in place in the organisation, as required by Schedule 5 in relation to the admission, discharge and transfer of residents. The centre had the potential to offer four permanent residential placements in the future. At present, three residents lived permanently in the designated centre, with one resident currently availing of occasional
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 the care and support offered to residents reflected the assessed needs and wishes of residents. There was a process in place for the assessing and planning of residents' needs, wishes and preferences. Each resident had an individualised personal plan which highlighted any areas of need or risk, and also included their chosen goals for the future. For example, residents had a document entitled "My life, My plan" which set out the most important things about each resident from everyday tasks, to their circles of support and information on how to maintain personal safety. The inspector found each resident had an action plan in place with persons identified as responsible for support the resident to achieve these within particular timeframes.

Overall the inspector was satisfied that residents social care needs were met through well maintained assessments and plans, with weekly timetables in place to ensure residents' individual preferences, likes, dislikes and sensory needs were respected.

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 inspector found that the design and layout of the centre was suitable to meet the collective and individual needs of residents. The centre is located within walking distance of a local town, in a quiet estate. The inspector found the centre to be well maintained internally and externally, and decorated and designed to facilitate accessibility for residents. For example, the use of decorative objects of reference to promote understanding of a rooms function as mentioned under outcome 2.

The inspector found that each resident had their own bedroom along with ample communal and private space available. There was a large sitting room, kitchen cum dining room, smaller sitting room, suitably adapted bathrooms and outdoor space which included swings and a garden shed "Chateau" for residents' use. The inspector found the specifics of Schedule 6 were met in the designated centre.

Judgment: Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme: Effective Services

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

Findings:
The inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. The inspector reviewed policies and procedures and found that the documentation as required by the regulations were in place. For example, health and safety policies, guidance on infection control, a fire safety policy and emergency and evacuation plans.

The inspector found there to be an evidenced system of checking and servicing of the fire detection and alarm system along with the emergency lighting. Fire extinguishers were in place in the centre, and evidenced as serviced routinely by a relevant professional. Staff had all been provided with training in fire safety.
Each resident had a personal evacuation plan drawn up, which staff and residents were aware of. The inspector reviewed a recent audit by the maintenance team which highlighted the need for the fire doors to be upgraded, and automatic release catches installed. This had not happened at the time of inspection.

The inspector reviewed documentation in relation to fire, and spoke with staff and residents and found that regular fire drills were undertaken at different times of the day and night to ensure all residents and staff understood what to do in the event of a fire or evacuation. The inspector found that one resident had refused to move from their bedroom during night time drills, and to prevent the situation escalating a number of night time drills had to be cancelled. The inspector found that reasonable measures had been taken by staff to promote this resident to understand the need to leave, for example through the introduction of social stories along with the advise of the psychologist. The person in charge had also ensured the emergency pack included clear floor plans to guide the fire brigade to this residents room in the event of a fire and refusal to leave. However, the inspector determined that the need for functioning fire doors as outlined in the providers own documentation was more pertinent in the event of residents refusing to leave the building in a real fire situation.

The inspector determined that there was a system in place for the assessing, managing and review of risk in the designated centre, with some minor improvements required to the policy to ensure full compliance with the Regulations. For example, to include or refer to policies which deal with the specific risks in the regulations. In practice, risks were clearly identified, assessed and managed in the centre, with both individual risk assessments and controls in place for residents, along with environmental risks being captured in the Safety Statement. Residents appeared content and safe in their homes, and family questionnaires indicated this also. Accidents, incidents and near misses were recorded and reviewed in line with the centre's own policy. Adverse event forms included a section "how could this be avoided in the future" and ensured learning was gained from any accident, incident or near miss.

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 residents were protected and safeguarded from abuse or harm in the designated centre. There were clear policies in place to guide staff on the prevention, detection and response to abuse which staff could outline to the inspector. Staff had all received training in the safeguarding of residents and the inspector saw training records to evidence this.

Residents in this centre had additional needs in relation to communication, and the inspector found clear plans and assessments in place to support residents to communicate their needs or feelings. For example, the use of a validated tool to determine how residents display upset or distress. The inspector also found there to be intimate care plans in place for each resident which were detailed and included clear guidance to be followed in order to support and protect each resident during intimate care. Staff could demonstrate to the inspector how they would respond to unexplained bruises or marks, and this was in line with the polices and procedures.

The inspector reviewed the practices in place to safeguard residents' finances and found there to be a transparent system in place, with a receipted ledger maintained for each resident, and daily checks carried out by staff. These records were audited quarterly by the person in charge and externally audited yearly.

The inspector reviewed "personal risk management plans" for residents, which outlined the supports in place for residents who may display behaviours of concern. These plans clearly outlined any risks along with both proactive and reactive strategies to manage this. These plans had a holistic approach to managing any such behaviours, for example they included aspects of health care, communication needs, activities, important routines and sexuality and intimacy. The inspector found that these plans were done in consultation with residents and families, along with multidisciplinary input were necessary. The inspector found that the practices in place for supporting residents with behaviours of concern was consistent with the policy in place entitled "listening and responding to people who challenge and the use of restrictive practices."

The inspector found the centre to be promoting a restraint free environment, with no chemical or physical restraints in use on the day of inspection. The front door was locked at certain times when residents were home, however the inspector found this to be well documented with clear rational demonstrated.

**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 inspector reviewed the record log of all accidents, incidents and near misses and found that any notifiable event had been recorded and submitted to the Chief Inspector within the required timeframe.

**Judgment:**  
Compliant

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### 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 had opportunities for new experiences and were supported to develop choice making abilities along with skills teaching for daily living. One resident living in the centre was supported to deliver local papers each week. The inspector saw evidence of new equipment in place to encourage residents to develop skills to become more independent. For example, a new hot water dispenser unit to support residents to make their own tea. Clear documentation was in place to promote skills teaching for residents.

**Judgment:**  
Compliant

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### 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 found that residents' health care needs were met in the designated centre. There was evidence of timely access to allied health care professionals such as General Practitioner (GP), physiotherapy, occupational therapy, speech and language therapy (SALT) and psychology and psychiatry services. Each residents' planning documentation contained information of their medical needs and included health action plans, along with guidelines for staff in how to support residents with particular health issues. For example the management of bowel movements. The inspector found that any health risk had been assessed and planned for in the centre.

The inspector observed residents enjoying mealtimes throughout the inspection and found that residents were encouraged to take part as much as possible, with the use of objects of reference and choice boards. The inspector reviewed documentation and spent time with residents, and found that advise of allied health care professionals was followed in relation to dietary advise. For example, modified diet consistencies, with clear recording of food intake for residents who required this review. The inspector review a sample of menus and found that residents' choices and preferences informed meal planning, along with the promotion of healthy food choices.

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 residents were protected by safe medication practices that were person centred. There was a written organisational policy in place along with local procedures which together guided staff on the safe cycle of medication management for this centre and its residents.
Storage was safe and discreet, and the inspector found that documentation was clear and well maintained. The practices in relation to ordering, prescribing, administering, disposing and stock checking of medication was reviewed during inspection and found to be in line with best practice and reducing risk of errors. The inspector observed medication being administered and found it to be done in a person centred manner.
which respected the privacy of the resident. There were clear protocols in place to guide staff on when to administer PRN (as required) medication which included the maximum dosage to be taken in a 24 hour period. There was no crushing of medication in this centre, and currently no use of PRN psychotropic medication being used as a chemical restraint. Staff had received information and guidance on the administration of emergency anti-convulsent medication.

Medication was administered by social care staff in this centre. The inspector reviewed training records and spoke with staff, and found that 6 staff required training in the safe administration of medication. This will be discussed under outcome 17 Workforce. Overall, the inspector found safe practices in place in the centre, and low incidences of medication errors, along with a system of audit and review in place by the person in charge.

**Judgment:**
Compliant

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**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:**
The inspector found there to be a written statement of purpose in place in the designated centre which was a true reflection of the services offered and practices observed on inspection.

**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:
The inspector found that the care and support of residents was monitored and developed on an ongoing basis through clear governance arrangements in this designated centre. There was a management structure in place which staff and families were aware of. Front line staff reported to the person in charge, who reported to the regional services manager, who in turn reported to the provider nominee. There were clearly set out roles and responsibilities within the management structure, along with evidenced communication between the person in charge, persons participating in the management of the centre, the provider nominee and other key personnel such as the multidisciplinary team. For example, regular and minuted meetings, quarterly reports and critical incident reviews.

The inspector found there to be a system of oversight and review in place in the designated centre. For example, routine audits on staff files, medication, individual plans and finance. Quarterly incident reports were sent to the regional services manager for further review. The inspector saw evidence of unannounced visits that had taken place, along with plans created to address any issues that may have arised. The person in charge was responsible for a "front line mangers work plan" which encompassed all of the regulations and was continuously reviewed and updated to ensure compliance.

The inspector spoke with the person in charge throughout the two days of inspection, and reviewed her information as part of the application to register and found that the person in charge was suitably skilled, qualified and experienced for the role. The person in charge had responsibility for managing one designated centre and worked full time. There was time allocated to the person in charge to fulfill her administrative and managerial role each fortnight.

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 there to be suitable arrangements in place for the absence of the person in charge. In the event of an absence, the senior manager would assume responsibility for the management of the centre. The inspector met with the senior manager and was satisfied that she was aware of her regulatory responsibility should an absence of 28 days or more occur for the person in charge. The person in charge and senior manager were aware of their responsibility to notify the Chief Inspector of any such absence.

**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 effectively resourced to deliver a service in line with the Statement of Purpose, and to ensure residents care and support needs were met. The inspector determined staffing resources to be adequate as will be discussed under outcome 17. There were two vehicles available to the designated centre in order to ensure residents' daily activities and routines were met to their preferences. As mentioned under outcome 6, the requirements of Schedule 6 of the Regulations was met by the provider.

**Judgment:**
Compliant

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

**Theme:**
Responsive Workforce

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

**Findings:**
The inspector determined that the staffing number and ratios in the centre were adequately meeting the needs of residents, and ensuring the care and support offered was in line with their individual plans. The inspector reviewed the staffing rosters over a number of weeks, and determined flexibility in hours to ensure residents' choices were facilitated. For example, on review of a rights restriction that had been submitted on behalf of a resident due to not having enough staff to facilitate choice, additional hours had been sought and supplied four days in the week. This was a positive change and ensured staffing was responsive to the needs of residents.

The inspector spoke with a number of staff and observed interactions between residents and staff and found that staff could demonstrate an in depth knowledge of the residents that they supported and the contents of their individual plans. Interactions were positive and familiar, and residents appeared content during times of support.

The inspector reviewed a sample of staffing files for permanent and relief staff working in the centre, and found them to be meeting the requirements of Schedule 2. Recruitment practices were found to be in line with the organisational policies and ensured safe recruitment of staff. There was an evidenced system of supervision in place on a one to one basis with all staff members by the person in charge. Staff meetings were held regularly and staff felt they could raise any issues or concerns through this meeting with ease.

The inspector spoke with staff and reviewed training records, and found that staff were offered training routinely to ensure they were adequately skilled to carry out their duties. For example, all staff had up to date training in safeguarding of residents, fire safety and manual handling. A number of staff had attended external training on sensory integration to better assist them to understand the sensory needs of residents. The inspector identified one area for improvement in relation to staff training, as mentioned under outcome 12 medication, 6 staff were identified as requiring training in the safe administration of medication.

**Judgment:**
Substantially Compliant

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**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 documentation in the designated centre and in relation to the care and support offered to residents was well organised, and ensured that identified needs or risks were clearly addressed and met. Documentation was easy to retrieve, clear and up to date.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The inspector found that directory of residents was maintained and up-to-date.

Written operational policies were in place and implemented as required by Schedule 5 of the Regulations with some due for reviewed at the end of the year. Staff were aware of the content of the Schedule 5 policies, and how to access them if needed. There was easy read versions of all policies available in the centre.

The inspector reviewed a sample of staffing records and found that they were maintained as required and outlined under outcome 17 Workforce.

The inspector found that appropriate insurance cover was in place for the designated centre, with evidence submitted as part of the application to Register.

**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:**
Provider’s response to inspection report

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

**Centre ID:** OSV-0001769

**Date of Inspection:** 14 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 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 risk management policy did not include the specifics of the Regulations.

1. **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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 risk management policy did not include the specifics of the Regulations.

2. **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.

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the specifics of the Regulations.

3. **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

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the specifics of the Regulations.
4. **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.

**Proposed Timescale:** 11/09/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Fire doors were in need of repair/ upgrade to ensure functionality and safe evacuation of the centre.

5. **Action Required:**
   Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

**Please state the actions you have taken or are planning to take:**
One resident's bedroom has had their fire door upgraded as communicated to the authority on the 19/08/2015. In addition a quote is in place to upgrade all other fire doors to ensure functionality and safe evacuation of the centre and once funding has been received from the funding authority the work will be completed. In the interim staff will continue to carry out regular fire drills and follow the organisation’s policies and procedures in relation to fire evacuation procedures

**Proposed Timescale:** 31/10/2015

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Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had training in Medication management.

6. **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 currently on roster in service will receive medication training in line with the organisation's training calendar

**Proposed Timescale:** 13/11/2015