### Health Information and Quality Authority

**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-0003705</td>
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<tr>
<td>Centre county:</td>
<td>Mayo</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Western Care Association</td>
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<tr>
<td>Provider Nominee:</td>
<td>Bernard O'Regan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Lorraine Egan</td>
</tr>
<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>1</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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 2 day(s).

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>21 May 2015 10:00</td>
<td>21 May 2015 18:05</td>
</tr>
<tr>
<td>22 May 2015 09:10</td>
<td>22 May 2015 14:50</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</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 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</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**

As part of this inspection the inspector met with the resident, staff, the person in charge of the centre and a person participating in management.

The inspector reviewed a variety of documents including the resident’s personal plan, health care associated documentation, medication documentation, staff files, risk management procedures, emergency plans and policies and procedures.

As a result of the resident’s specific assessed needs the inspector was limited in the time spent interacting with or in the presence of the resident. The inspection was
carried out in accordance with the resident’s needs and wishes. In the absence of interacting with the resident the inspector spoke with staff and the person in charge and reviewed relevant documentation. This was carried out in the centre in a room separate to the resident’s living space.

The centre provided an individualised service and operated from a domestic style bungalow. There was evidence of good practice in all areas and the inspector found that there was a very good standard of care and support provided to the resident.

Staff and the resident knew each other well and staff were observed interacting with the resident in line with the resident’s assessed needs. Staff were respectful toward the resident and supported the resident to guide the service provided.

The person in charge demonstrated competency in relation to her role throughout the inspection. In addition, both the person in charge and the person participating in management demonstrated knowledge of their responsibilities under the Regulations.

15 of the 18 outcomes inspected were found to be in compliance (13 outcomes compliant and 2 outcomes substantially compliant) with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Areas identified as requiring improvement were

- The statement of purpose required minor amendments
- Staff had not received some required training
- Some aspects of the centre required refurbishment to ensure it was kept in a good state of repair internally
- Some medication documentation required improvement
- Thermostatic control measures had not been implemented as required
- Identified requirements for fire seals on internal doors and upgrading of the fire alarm system in the centre had not been addressed
- Emergency lighting was not provided throughout the centre

The findings are discussed in the report and the actions required are included in the action plan at the end of the report.
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:
It was evident the resident was consulted with, and participated in, decisions about their care and about the organisation of the centre. For example, the resident chose the staff member who would lead each working shift and who would provide the care and support they required.

The centre was organised around the resident’s needs and staff were observed responding to the resident and their requests. Staff spoken with were clear regarding their role in supporting the resident to live the life of their choosing and outlined the ways in which they support the resident to ensure all decisions are made with the full participation of the resident.

The resident had access to advocacy services and information about their rights. Information regarding independent advocacy had been furnished to the resident’s family. It was evident staff perceived their role as one of advocating for the resident when required.

Staff spoken with outlined ways in which they supported the resident to understand advocacy and outlined the measures they take to ensure decisions made reflected the will and preference of the resident. The person in charge outlined the ways in which independent advocacy would be used to ensure the resident’s wishes were met by the organisation.

Staff outlined the ways in which they supported the resident to ensure their privacy and dignity was respected. An intimate care plan was in place to ensure support was
provided in line with the resident’s needs and to ensure the resident was supported to be as independent as possible in all aspects of their care and support.

The resident was enabled to exercise choice and control over their life in accordance with their preferences and to maximise their independence. The resident had a weekly planner in place and had been supported by staff to outline the activities they wished to partake on each day. Staff told the inspector this was subject to change when the resident changed their mind and wished to do something else.

Maximising the resident’s independence was a focus of the schedule in place. For example, staff outlined the way in which the resident had been supported to learn the skills required to bake scones and bread and to care for their pets.

There was a policy on residents’ personal property, personal finances and possessions. The resident’s personal property, including their money, was kept safe through appropriate practices and record keeping. The resident was supported to retain control over their possessions and had ample space to store their clothing and other possessions. The resident was supported to do their own laundry in line with their wishes.

There was a process in place for identifying and responding to any restrictions on the resident’s rights. Documentation showed that restrictions had been identified and responded to in line with the organisation’s procedures. The organisation had a committee to review restrictions on residents’ rights and make recommendations to eliminate or reduce restrictions. It was evident restrictions had been referred to this committee and that restrictions were in line with best practice.

The resident was registered to vote and was supported by staff to understand the process and to vote if they wished. On the second day of inspection staff used the referendum commission’s easy read guidance to support the resident to understand the referendum. The resident was clear regarding their voting preference and was supported by staff to attend the local polling station to cast their vote.

The centre had procedures in place for managing complaints. The complaints received were documented clearly and complaints had been addressed by the person in charge. Staff spoken with outlined their role in responding to and managing complaints received. An easy to read version of the complaints procedure was displayed in a prominent position in the centre.

**Judgment:**
Compliant

**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*
Individualised Supports and Care

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

**Findings:**
There was a policy on communication with residents and staff were aware of the communication needs of the resident. Systems in place to meet the needs of the resident included the input of external professionals, such as the speech and language therapist.

A comprehensive communication profile outlined the methods of communication used by the resident, how the resident would respond if they did not understand what was being said and an outline of things the resident most liked to communicate about.

A number of communication tools were in place and were being utilised by the resident. For example, a pictorial staff roster, a pictorial schedule and choice board, a pictorial travel board, a monthly calendar board to assist the resident with understanding time, and a talk and skill development board to assist the resident to break tasks into parts and thus learn new skills. Some of these aids were also used with the resident when they were not in the centre, for example the task and skill development board and the travel board.

The resident had access to radio, television, social media, newspapers, internet and information on local events in line with their wishes.

**Judgment:**
Compliant

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**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:**
There was a policy in place about visitors and there was ample space for the resident to meet with visitors in private. It was evident the resident was supported to visit family members and spend time with family external to the centre. This included staff members driving the resident long distances to family members to facilitate the resident spending time with family.
Any restriction on visits was in line with the resident’s assessed needs or request. Visits were facilitated in line with the resident’s preference and staff outlined the way in which the resident communicated when the resident wished for the visit to end.

The resident’s family was kept informed of the resident’s wellbeing and were involved in meetings, appointments and reviews in line with the resident’s preference. It was evident the resident’s needs and wishes were responded to and respected in regard to family involvement.

The resident was supported to develop and maintain personal relationships and links with the wider community. Although the centre was not part of an integrated setting it was evident the resident was being supported to be part of the local community, both the community the resident now lived in and the community the resident grew up in. Staff outlined the ways in which they facilitated this, such as supporting the resident to grocery shop, partake in activities and avail of services such as GP, dental and chiropody in both locations.

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):
No actions were required from the previous inspection.

Findings:
There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents. The resident’s admission to the centre was in line with their assessed needs and the centre’s statement of purpose. It was evident the centre was meeting the needs of the resident in regard to the support provided and the physical premises.

The resident had a written agreement which outlined the service provided and the fees being charged. The written agreement included an outline of any additional charges payable by the resident.

Judgment:
Compliant
<table>
<thead>
<tr>
<th><strong>Outcome 05: Social Care Needs</strong></th>
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<tbody>
<tr>
<td>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.</td>
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**Theme:**
Effective Services

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

**Findings:**
The resident had a plan which outlined their assessed health, personal and social care and support needs. This plan was reviewed on an annual basis and more frequently where required. It was evident the resident had been supported to be actively involved in the assessment to identify their individual needs and choices.

The plan outlined the supports the resident required and included an outline of the input of multi-disciplinary professionals where relevant. For example, the resident had been supported to attend speech and language therapy, chiropody and psychology.

A sensory assessment had taken place and the resident was being supported to trial the recommendations. Staff had supported the resident to fundraise money to convert a room in the centre into a sensory room.

The resident had been supported to identify goals on an annual basis and it was evident the resident was supported to achieve these goals. It was evident the goals were improving outcomes for the resident, for example in regard to independent living skills. Progress on the achievement of goals was maintained and reviewed on a regular basis.

The resident’s personal plan was available in a pictorial format and included the resident’s photographs. Photographs of the resident’s family, friends, achievements, daily routine and activities was part of the pictorial version of the plan.

**Judgment:**
Compliant

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<table>
<thead>
<tr>
<th><strong>Outcome 06: Safe and suitable premises</strong></th>
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<tbody>
<tr>
<td>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</td>
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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 centre was clean, suitably decorated and furnished in line with the resident’s preference. The centre had been designed around the assessed needs of the resident. Assistive equipment was not required. Improvements required included structural improvements to the resident’s bathroom, internal walls and the installation of thermostatic control measures.

There was adequate space in the centre to meet the assessed needs of the resident. The resident had a bedroom, bathroom, sitting room, dining area, kitchen, laundry room, relaxation room, dark room and was in the process of converting a room into a sensory room.

Other rooms in the centre included staff sleepover rooms and an office. The layout of the centre allowed the resident to have their rooms on one side of the centre while staff rooms were located on the other side of the centre. The living, dining and kitchen areas were in the middle of the centre.

The resident had access to an outdoor area which included a polytunnel in which the resident grew vegetables and a hen house for the resident’s chickens.

Improvement was required to some aspects of the centre. A maintenance list viewed showed that items requiring structural improvement had been identified by the person in charge. Some items such as thumb turn locks on all external doors, shelving in the storage room, attending to trip hazards and the removal of broken furniture had been addressed by the organisation’s maintenance department.

Other areas such as the redecoration of the resident’s bathroom, the installation of thermostatic control measures, the damp proofing of the bathrooms, the redecoration of walls and the fire proofing of doors had not been attended to as these were identified as areas for which the landlord was responsible. Mould was evident in the resident’s bathroom and tiling required replacing.

Correspondence viewed showed that items requiring improvement had been identified in 2013 and had been discussed with the provider who had in turn discussed with the landlord. However, no date had been provided as to when these items would be addressed.

**Judgment:**
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:
There were policies and procedures in place for risk management, emergency planning, health and safety, and incidents where a resident goes missing. Improvements were required to the measures in place to prevent the risk of scalding from hot water and the provision of emergency lighting in the centre.

Risk Management

The risk management policy was implemented throughout the centre and covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

Risk assessments had been completed and responded to by the person in charge, staff and provider. One risk had been identified but not yet appropriately responded to. The risk of scalding from hot water had been identified and the thermostatic control measure required had been identified. However, this had not yet been installed.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. There were also arrangements in place for responding to emergencies and reasonable measures were in place to prevent accidents.

Satisfactory procedures were in place for the prevention and control of infection. Staff were knowledgeable of the measures required to prevent and respond to outbreaks of infection in the centre.

There were appropriate procedures in place for the disposal of waste, including the use of a sharps disposal container.

The vehicle was viewed by the inspector and documentation showed it was roadworthy, insured and taxed. Evidence of staff driving licences was maintained by the organisation. A folder containing information regarding the use of the centre’s vehicle was in place. It included a checklist, the service record and maintenance documentation.

Fire Safety
Suitable fire equipment was provided. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. A fire safety folder contained evidence of weekly fire checks and maintenance of fire equipment.

There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. A picture exchange system (PECS) was used to assist the resident to understand when the centre needed to be evacuated and the procedure to be followed.

Staff had received training and knew what to do in the event of a fire. There were fire drills at regular intervals and fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment.

A copy of the centre’s emergency plan was located at each fire exit. It included the resident’s missing person profile, a copy of the centre’s insurance policy, a copy of the emergency plan, phone numbers to be used in the event of an emergency, accommodation which would be provided in the event of an emergency and information regarding the medication the resident was prescribed. A signatory sheet was signed by staff to indicate they had read, understood and agreed to adhere to the procedure.

There was adequate means of escape and fire exits were unobstructed. However, there was no emergency lighting in the centre apart from the signs over the fire exits which were lit in the event of an emergency.

Documentation viewed showed the provider had been corresponding with the landlord in regard to the centre's fire safety. Some documentation identified the requirement for fire seals on internal doors and upgrading of the fire alarm system. It was not evident when these items would be addressed.

**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 centre had implemented measures to protect the resident being harmed or suffering abuse. There was a policy and procedures in place for responding to allegations of abuse. Staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse.

Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Staff and the person in charge were aware of this person and knew how and when to contact them.

Any incidents, allegations or suspicions of abuse had been recorded. These incidents were appropriately investigated and responded to in line with the centre’s policy, national guidance and legislation.

There was a policy and procedures in place for the provision of intimate care. The resident had individual intimate care plans which identified the supports the resident required in regard to all aspects of intimate and personal care.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques.

The resident required support with behaviours that challenge and had a support plan in place. The inspector viewed the behaviour support plan and found that it clearly outlined the supports the resident required. A personal risk management plan was also in place and this outlined the risks, proactive strategies and reactive strategies used.

Efforts were being made to identify and alleviate the underlying causes of behaviour that is challenging for the resident. For example, the resident’s complex health needs were monitored closely to ensure the resident was not responding to physical pain or discomfort.

There were policies and procedures in place on the use of restrictive procedures and physical, chemical and environmental restraint. The resident was prescribed restrictive procedures as part of the management of their behaviours that challenge. Where restraint was administered it was evident that all alternative measures were considered, the least restrictive procedure, for the shortest duration necessary, was used and the rights of the resident were protected.

The use of restrictive procedures was carefully monitored to prevent them being abused or overused and were reviewed regularly to assess their impact on improving challenging behaviour and improving the life of the resident.

The use of medication was in line with the resident’s diagnosis and was clearly documented as a last resort. The person in charge was contacted by staff prior to the administration of this medication and it was evident the person in charge was reviewing the use of the medication and ensuring it was used only as a last resort. Staff spoken with were clear regarding the measures in pace to support the resident with their
behaviours that challenge and to ensure the resident’s behaviours did not escalate.

Staff members were observed treating the resident with respect and warmth. Staff spoken with spoke respectfully of the resident and it was evident staff had developed a good relationship with the resident. Staff spoke of the satisfaction they derived from supporting the resident to live as independently as possible and achieve their goals as outlined in the personal plan.

**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 occurring in the designated centre was maintained and all incidents had been notified to the Authority as required.

**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 resident was supported to partake in individualised training programmes in the centre. It was evident staff were supporting the resident to learn new skills. The breakdown of tasks into steps was used as training tools. Staff outlined the skills the
The resident had learned and this was reflected in the personal plan.

Social stories were used to assist the resident to understand changes or appointments. For example, a social story was used to explain and reassure the resident regarding a necessary hospital appointment.

Staff spoken with outlined their roles in supporting the resident to learn new skills. For example, a staff member outlined the way in which he was utilising his skills in cooking to assist the resident to learn how to bake and cook.

**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 resident was supported to achieve and enjoy the best possible health. The resident’s personal plan showed that the resident’s complex health needs were being responded to.

A health action plan outlined each of the resident’s health concerns, the impact each had on the resident and the support for each health concern required by the resident. It was evident the resident was receiving support as outlined in the health action plan.

Medical notes outlined the resident’s appointments with medical professionals including the reason for the appointment and any follow up or further support required.

Medical professionals were chosen in consultation with the resident. For example, a recent change of general practitioner (GP) had taken place and the person in charge outlined how the resident was supported to choose a GP.

The resident was supported to access their GP, dentist and allied health professionals such as the ophthalmologist, psychologist and chiropodist as required. For example, the resident was supported to attend the chiropodist on a monthly basis and the dentist on a six monthly basis. An annual health review took place in 2014. A general health log was maintained by staff on a daily basis.

Protocols were in place where required, for example a blood pressure chart, monitoring
of migraine and fluid monitoring chart were maintained. These were reviewed by the appropriate health professional at the resident’s regular appointments.

Staff were clear regarding the circumstances in which they would support the resident to attend the accident and emergency department of the hospital. Protocols were in place to ensure the resident was supported when attending hospital for day or overnight stays and this included the completion of a comprehensive document outlining the resident’s overall well-being while in the hospital setting and the provision of appropriate staff support. A copy of all hospital discharge letters and discharge meeting notes was maintained.

Food was available in adequate quantities and the resident was supported to make healthy food choices. The resident’s dietary requirements were supported and the resident was attending a dietician. Staff were knowledgeable regarding the resident’s dietary requirements. The resident baked scones on the day of the inspection and it was evident the resident enjoyed this.

The resident chose whether or not staff would join them for their meals. Staff clearly outlined how the resident would communicate to them their preference in this regard.

The resident was supported to do their food shopping in the local town or in the town where they used to live. Staff outlined how the resident chose the meals and was supported to buy, prepare and cook meals.

**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:**
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to the resident. Some improvement was required to the provision of training in the administration of a medication to be used in a medical emergency and to some documentation. These are included under Outcome 17: Workforce and under Outcome 18: Records and documentation to be kept at a designated centre.

The processes in place for the handling of medicines were safe and in accordance with
current guidelines and legislation. For example, medication was stored in a double locked press and the keys were held by staff on duty.

Documentation in the resident’s personal plan outlined the medication prescribed for the resident, what the medication was prescribed for, the possible side effects of the medication and the date the medication was reviewed.

Staff who administered medication had received training in the safe administration of medication and there were protocols in place for the use of PRN (as required) medication.

There were appropriate procedures for handling and disposing of unused and out-of-date medicines. Staff were knowledgeable of these procedures.

**Judgment:**
Compliant

**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The statement of purpose sets out a statement of the aims, objectives and ethos of the designated centre. It also states the facilities and services which are to be provided for the resident.

It contains almost all of the information required by Schedule 1 of the Regulations.

It did not contain the size of the rooms in the centre and the information regarding the number of residents who could be accommodated in the centre was inconsistent with the application to register the centre.

The statement of purpose was kept under review at intervals of not less than one year.

**Judgment:**
Substantially Compliant
**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The centre had a clearly defined management system in place with clearly defined roles of authority and accountability. Management systems were in place to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored.

The person in charge was managing more than one designated centre, however it was evident this was not having a negative impact on the governance of the centre.

The person in charge and the person in charge’s direct line manager were present on both days of inspection and both told the inspector that there was good communication across all levels of the organisation.

There was evidence of good communication between the person in charge and her direct line manager. Regular supervision was taking place and the person in charge said she found the meetings beneficial.

The person in charge demonstrated responsiveness throughout the inspection and addressed areas of non-compliance highlighted to her by the inspector. The inspector interviewed the person in charge and found she was knowledgeable of the legislation and her statutory responsibility. It was evident the resident knew the person in charge.

The inspector spoke with the person participating in management and found that she was knowledgeable of the resident, the centre, the legislation and her statutory responsibility. She told the inspector she had been interviewed by other inspectors as part of inspections of other centres she participated in the management of.

It was evident the person in charge was providing good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering. Staff were supported by the person in charge who attended the centre on a regular basis,
carried out individual supervision meetings and regular staff meetings and was available by phone when required.

The person in charge had carried out audits in relation to areas such as financial management and medication. The person participating in management and other persons nominated by the provider had carried out unannounced visits and had prepared a report on the findings. An action plan had been put in place following these visits and it was evident the actions had been or were in the process of being addressed.

**Judgment:**
Compliant

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**Outcome 15: Absence of the person in charge**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The person in charge had not been absent from the centre for a period which required notifying to the Authority. The person participating in management was aware of the requirement to notify the Authority if the person in charge was absent from the centre for a period of 28 days or more.

The inspector was told that social care assistants are on duty in the centre in the absence of the person in charge. The social care assistants take responsibility for the organisation of the centre in regard to responding to the resident’s needs. The person participating in management takes responsibility for the person in charges role in the absence of the person in charge.

**Judgment:**
Compliant

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**Outcome 16: Use of Resources**

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

**Theme:**
Use of Resources

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

**Findings:**
There were enough resources to support the resident achieving their individual personal plan.

The facilities and services in the centre reflected the statement of purpose.

**Judgment:**
Compliant

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**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 staff rota was arranged around the assessed needs of the resident. An actual and planned staff rota was maintained in the centre.

There were two social care assistants on duty at all times. Staff outlined their roles when supporting the resident. One staff member took the lead on each shift and the other staff member was present to support the resident and the lead staff member where required.

Staff signature sheets showed that all staff had signed to state they had read, understood and agreed to adhere to the policies and procedures related to the general welfare and protection of the resident.

Staff had received supervision appropriate to their role. This included induction for new staff and formal supervision meetings with the person in charge on a regular basis for all staff.

Regular informal supervision took place when the person in charge attended the centre.
It was evident the supervision was improving staff practice and accountability. Staff spoken with outlined areas which had been discussed and goals which had been identified as part of the supervision and induction processes.

There were effective recruitment procedures in place that included checking and recording all required information. The requirements of Schedule 2 of the Regulations in relation to staff documentation had been met.

There were no staff members working in the centre who required registration with a relevant professional body.

There were no volunteers working in the centre.

Staff had received training appropriate to their role. This included training in manual handling, residents’ rights, first aid, incidents and injury, supporting residents’ with modified dietary needs and food, nutrition and hygiene. However, improvement was required to the identification of staff training needs. Staff had not received adequate training in administering a medication which was prescribed in the event of a medical emergency and training in epilepsy.

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 records listed in the Regulations were maintained to ensure completeness, accuracy and ease of retrieval.

Records relating to the care and support of the resident were accurate and up-to-date. Records were kept secure but easily retrievable.
A directory of residents was maintained and it met the requirements of the Regulations. The resident had access to their own records and it was evident the resident was supported to participate in the recording of documentation where the resident wished to participate.

There was a guide to the centre available to residents. The guide included a summary of the services and facilities provided, the terms and conditions relating to residency and the arrangements for resident involvement in the running of the centre.

There were policies which reflected the centre’s practice. Staff had signed to indicate they had read, understood and agreed to adhere to the policies and implement them in practice.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

Some improvement was required to the resident’s medication prescription sheets. The prescribed time of administration was not clear for all medication, the route of the medication was not detailed for all medication and the maximum daily dose of PRN medication was not detailed for all medication.

**Judgment:**
Substantially Compliant

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**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:**

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003705</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>21 May 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>29 June 2015</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some aspects of the centre required refurbishment to ensure it was kept in a good state of repair internally.

1. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:  
The landlord has agreed that the shower room used by the resident will be refurbished and has included it on a Maintenance Plan for attention.

Proposed Timescale: 30/09/2015

**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 thermostatic control measure which had been identified as required to mitigate the risk of the resident being scalded had not been implemented.

2. **Action Required:**  
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:  
The landlord has agreed to install the thermostats and will undertake in line with a wider refurbishment programme.

In the interim, the provider has implemented measures such as hot water warning signs at each hot water tap and the showers in place as identified in Hazard ID's to minimise any risk.

Proposed Timescale: 16/10/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Documentation viewed identified the requirement for fire seals on internal doors and upgrading of the fire alarm system in the centre and these had not been addressed.

3. **Action Required:**  
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:  
The landlord has included this work in his plan for other similar work. In the meantime, see copy of letter attached in relation to a review of fire safety.
**Proposed Timescale:** 30/12/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect: Emergency lighting was not provided throughout the building.

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

Please state the actions you have taken or are planning to take:  
The landlord has agreed to install emergency lighting in the premises in line with a wider plan.

In the interim, torches have been purchased and placed in staff rooms and hallway of premises for use as emergency lighting.

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**Proposed Timescale:** 30/12/2015

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The statement of purpose did not detail the size of the rooms in the centre and the information regarding the number of residents who could be accommodated in the centre was inconsistent with the application to register the centre.

5. **Action Required:**  
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:  
The size of rooms and the correct number of residents who can be accommodated are included in the Statement Of Purpose which has been sent to HIQA with the action plan

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**Proposed Timescale:** 29/06/2015

### Outcome 17: Workforce

**Theme:** Responsive Workforce
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not received adequate training in administering a medication which was prescribed in the event of a medical emergency and training in epilepsy.

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 will have training in administering Buccal Diazepam.
All staff will have Epilepsy training.

Proposed Timescale: 30/09/2015

Outcome 18: Records and documentation
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The prescribed time of administration was not clear for all medication, the route of the medication was not detailed for all medication and the maximum daily dose of PRN medication was not detailed for all medication.

7. Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
The MP1 prescription sheet will be tailored to reflect specific prescribed time by GP – 18th September 2015
The route of all medications will be clearly recorded by GP- 10th July 2015

Proposed Timescale: 18/09/2015