<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0001751</td>
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<td><strong>Centre county:</strong></td>
<td>Mayo</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td><strong>Registered provider:</strong></td>
<td>Western Care Association</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Bernard O'Regan</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Nan Savage</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Non</td>
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<tr>
<td><strong>Type of inspection:</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>5</td>
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<td><strong>Number of vacancies on the date of inspection:</strong></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: 11 August 2015 12:15  To: 11 August 2015 19:20
From: 12 August 2015 09:30  To: 12 August 2015 17:10

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

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

Summary of findings from this inspection
This monitoring inspection of a designated centre operated by Western Care was the first inspection of the centre by the Health Information and Quality Authority (the Authority). The inspection was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspector visited the centre and met with residents, relatives and the staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident and incident records, policies and procedures, staff training records and residents' meetings.
The centre provided long term accommodation and support to 5 residents. As the residents at the centre were out during the day, part of the inspection took place in the evening, when residents had returned from their day activities.

The inspector found that residents received a good quality service whereby staff, lead by a competent person in charge, supported and encouraged them to make choices about their lives and daily routines. There were weekly meetings for residents, and residents’ communication support needs were met. The person in charge and staff demonstrated an in-depth knowledge of residents' needs and wishes.

The centre had a homely atmosphere and residents appeared to be comfortable in the company of management and staff. The provider and management team had taken effective measures to protect the safety of residents.

Some improvement was required to aspects of the physical environment and risk management. These non compliances are discussed in the body of the report and included in the action plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Measures were in place to respect residents’ privacy and dignity and enable them to exercise choice and control over their life in line with preferences and to maximise independence. An effective complaints process had been implemented and there was evidence that this had lead to improvements in the delivery of the service.

Residents’ rights were promoted and supported by the provider, person in charge and staff. Each resident had a personal risk management plan that detailed the strategies in place to balance the safety of the resident and support their rights. An individualised assessment of the resident's rights had been completed which considered restrictions that were in place and these were kept under review by the person in charge. For example, the person in charge had re-assessed a restriction that had limited residents’ access to the kitchen at specific times and consequently this restriction was removed and specific guidance put in place to support residents and staff. A process was in place to ensure that the findings of this assessment were formally reviewed by the organisation's rights review committee and that any recommendations put forward by the committee would be considered.

Residents were consulted about the running of the centre and there were a number of examples that demonstrated daily routines were focused around the resident's needs and expressed wishes. The inspector found that residents were involved in the running of the centre including purchasing new items for the centre such as the fish tank that was located in the living room. Residents’ meetings took place weekly on a Tuesday and this enabled residents to keep up to date with any changes or happenings in the centre. Minutes of these meetings were kept and demonstrated that residents were consulted.
about a variety of items that were relevant to them. This included menu options, changes to the physical environment and any visitors that were in the centre.

In addition, residents were actively involved in household activities including shopping, taking care of their bedrooms and food preparation, where this was deemed appropriate.

The centre had an effective complaints management system in place, which included a complaints policy and procedure that meet the requirements of the Regulations. The complaints policy provided guidance on the management of complaints. The complaints procedure was written in a legible format, included pictures and photographs, and was designed to be clear and accessible to both residents and their families. This procedure was readily displayed in a prominent location in the centre. There was a complaints log that was used to record any complaints. The inspector read a sample of complaints that were documented and found that issues raised had been responded to by the person in charge and regional service manager.

An advocacy forum had been established within the organisation and there were also additional arrangements put in place in this centre to facilitate easy access to an advocacy service, when required. For example, the inspector noted that an independent advocate was currently providing valuable support to a resident that was in the process of transitioning to a new house.

The inspector found that staff and management interacted with residents in a respectful and kind way that also supported the dignity and privacy of the resident. Each resident had an intimate care plan that directed staff with residents’ personal care needs. A sample of these plans were viewed by the inspector and found to be up to date and provided clear direction to staff on safely meeting residents’ personal care needs. Staff were familiar with these plans and the organisational policy on intimate/personal care had been used to develop these plans.

Private information that related to residents was securely stored to ensure confidentiality and data protection. Each resident had their own bedroom and mechanisms were in place for them to lock their bedroom doors if they wished to do so.

There were measures in place to safeguard residents’ belongings. Residents’ bedrooms were nicely decorated with photographs, pictures, ornaments and personal belongings. There was a lockable cupboard in each bedroom, in which residents medications and monies were stored safely. Residents also had ample space to store their personal belongings including clothes. The inspector saw that residents’ clothes were stored in a neat and tidy manner in the resident’s wardrobe.

Staff and management spoken with displayed in-depth knowledgeable of residents’ needs and wishes and this corresponded with information and guidance that was recorded in the residents’ plans and detailed into the daily records.

Residents’ civil and religious rights were respected and supported. Residents were registered to vote and could attend the local polling station if they chose to. Information on the Referendum that took place earlier in the year had been made available to
residents. The inspector was informed that Roman Catholicism was the only religion being practiced in the centre. The inspector found that residents were supported to visit the Church and Knock shrine. One of the residents visited the local church to light candles and attend religious services. The inspector also noted that arrangements had been put in place for residents to receive Holy Communion each Sunday, if they wished.

**Judgment:**
Compliant

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**Outcome 02: Communication**
Resident are able to communicate at all times. Effective and supportive interventions are provided to resident 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:**
Effective systems were in place to assist and support residents to communicate and the inspector found that the person in charge and staff were in the process of implementing a total communication approach which uses a variety of communication techniques.

The inspector viewed a sample of residents’ personal plans and found that each resident had a communication system developed. This included a communication profile which had identified the resident’s communication needs. The speech and language therapist (SALT) was actively involved in the development of residents’ communication plans. Staff spoken with outlined clearly residents’ individual communication requirements and recommendations from the SALT that were documented were implemented by staff. Talking tiles and objects of reference had been effectively used to communicate with some residents. For example, talking tiles were used to inform one of the residents which staff were on duty and each day of the week was represented by a specific fragrance. One of the residents also used an Ipad that had been adapted for the individual needs of the resident.

Each resident had an object of reference box that included specific items that had meaning to the resident. These objects assisted staff in communicating information to the resident. For instance, for one of the residents a remote was used to represent the TV and a beer mat was used for a different resident to represent going to the pub. From the sample of files viewed residents’ had individualised daily schedules and activity plans which illustrated daily events that took place and assisted some of them in making decisions. The inspector observed residents were at ease when communicating with staff and management during the inspection.

A variety of information was displayed in accessible format on the notice boards including community news and coloured pictures of staff on duty during each shift.
Pictorial images were used to identify the use of the different rooms and residents’ bedroom doors were personalised with their photograph. A range of easy to read policies and procedures were also available for residents which included good use of pictorials and plain English.

All residents had access to televisions, radio, telephone, postal service, newspapers and magazines. Residents also had access to assistive devices that supported their communication requirements. For example, the inspector saw that one of the residents had a specially adapted mobile phone that s/he liked to use, enlarged playing cards and a magnifying glass.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

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

Staff and management confirmed that visitors were welcomed to visit at any time provided that the visit would not negatively impact on the resident. There was evidence that family and friends visited residents in the centre and that families were encouraged to get involved in residents’ lives. A log of visitors to the centre was maintained and this showed that family visited residents in the centre. There was adequate space within the centre for residents to meet visitors in private, if they wished.

Residents were also supported to frequently visit family and stay with family members. For example, one resident went home every Wednesday while another resident at the time of inspection was spending a week at home with family. This resident also went home every weekend. The inspector saw photographs of various events that were attended by residents and their families.

Each resident was assisted by staff to identify key people in their lives and this information was used to develop an individualised social network communication plan.

Residents were encouraged and supported to maintain friendships. Each resident visited day services during the week where they had the opportunity to meet with and socialise
with their friends. During the summer break, alternative arrangements had been put in place for residents to attend different clubs and camps and participate in a range of other activities. For example, at the time of inspection residents were attending summer camp and had participated in a variety of activities including art and bowling.

There was evidence in residents’ files that showed family were actively involved in the residents’ annual goal setting. Families were encouraged to participate in the lives of the residents and the inspector noted that they were consulted and kept up to date. Each resident had an identified ‘circle of support’ that included their families, management, the resident’s key worker and specialist staff when required. Families were invited to attend and take part in residents’ ‘circle of support’ meetings and the review of residents’ personal plans. These groups met to discuss and plan around areas specific to the resident’s life and well-being. Families also received an update on the residents’ annual plan. The inspector read a sample of minutes which were informative and summarised discussions that took place around the resident’s current condition and needs.

Residents were supported to establish and maintain links with the local community, where possible. For instance, some residents had regular visits to restaurants and pubs, went for walks in the local community and had excursions to areas of interest with support from staff. They also attended community events including drama, the local horse show, and parties. Where possible and with the assistance of staff as appropriate, residents went shopping, called to post office and pharmacy. Some also had treatments at the beautician and attended the hairdresser/barber.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

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

**Findings:**
The inspector found that contracts for the provision of services were agreed with each resident. The inspector reviewed a random sample of contracts and noted that they included the services to be provided and the fees to be charged, including details of additional charges. Contracts read by the inspector had been suitably agreed with residents and/or their representatives.

There had been no recent long term admissions to the centre. At the time of inspection,
one of the residents that lived in the centre was currently transitioning to a new house. The inspector read that a proposal had been developed which outlined the objectives of the plan and included an analysis of the need which underpinned the plan. The inspector found that a series of appropriate steps had been taken to ease the transition for the resident. The resident, his/her family and advocate were actively involved in this process that had commenced during 2014.

**Judgment:**
Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**
Effective Services

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

**Findings:**
Residents’ social well-being was maintained by a high standard of care and support. Residents’ individual needs and wishes were continually reviewed and used to inform personal planning. Residents were facilitated the opportunity to engage in interests appropriate to their individual preferences both within the centre and in the community.

The inspector viewed a sample of residents’ files and noted that each resident had personal plans which detailed important information about the residents’ backgrounds, their preferences, likes/dislikes and people important in their lives along with details on what was important to the resident now and in the future. The plans which were developed in consultation with the resident and/or their representative and set out each resident’s individual needs, personal outcomes life goals, were kept under review.

Residents were supported by the person in charge and staff to access activities both within the centre and in the local community. This included arts and crafts, sensory therapy, playing musical instruments, going to the cinema and attending plays and parties.

There was evidence that supports were in place for residents to ease their transition between services. Residents were supported when attending appointments.
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 centre consisted of a bungalow and the inspector found that the design and layout generally suited the needs of residents at the time of inspection. Residents had adequate private and communal space. The house was comfortable, warm and appropriately furnished although structural improvements were required to some areas. Overall, the centre was maintained in a clean and hygienic condition although some surfaces were not readily cleanable.

Some areas of the centre had not been maintained to an acceptable standard.

- While there were sufficient numbers of bath and showers some areas within these facilities were not suitable to meet the needs of each resident. The inspector noted that prior to the inspection, plans had been put forward by the person in charge and regional service manager to renovate the main bathroom. The provider had reviewed this matter and had submitted a request for funding to complete renovations in this area. The inspector noted that there were also defective surfaces in the other bathroom. This included damaged floor covering, permanent staining in the bath and the areas adjacent to the taps in the bath were also defective. This rendered these surfaces not readily cleanable.
- Some doors and frames were scuffed and required resurfacing.
- The recently installed fire door and door frame that were located between the kitchen and sitting room had not been finished with a cleanable surface and as a result there were marks on the doors.
- Natural and artificial lighting was available in most areas of the centre although the main corridor was not adequately lit at times during the inspection.

Communal day space was available and included two adjoining sitting rooms that were also used for relaxation. The person in charge informed the inspector that there were plans in place to provide a sensory room. There was an open plan kitchen and dining area which meant that residents could participate or comfortably watch food preparation from the dining area if they wished.

All bedrooms were for single occupancy, with adequate personal storage, nicely
furnished and decorated to reflect residents’ choices and needs.

Laundry facilities were available and included a domestic style washing machine and dryer. However, the floor covering in this area was not readily cleanable in some parts.

Assistive equipment was available for those residents that required additional supports such as a ceiling hoist and electric beds. The occupational therapist had been involved in the assessment of appropriate assistive devices for residents including the location of assistive grab rails.

The inspector found that the kitchen was well equipped and maintained in a clean condition. There were a range of foodstuffs available, including fresh fruit, vegetables and juices.

Residents had access to the outdoors, however, some parts of the external grounds of the premises were not maintained in a safe condition. A required action relating to this is included under Outcome 7.

Separate facilities were available for staff that included an ensuite bedroom.

Judgment:
Non Compliant - Moderate

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 there were systems in place to protect the health and safety of residents, visitors and staff although some improvement was required. The inspector read that prior to the inspection, the person in charge and regional service manager had identified most of the improvements that were required.

There was a risk management framework in place that included an organisational and localised health and safety statement, a risk management policy and formalised precautions for specific risks identified in the Regulations. The risk management policy provided instruction on areas of risk management including risk assessment, development of personal risk management plans and balancing residents' safety and rights.

The person in charge had kept the risk register under review and there were documented measures in place to control identified risks including the risks specifically
mentioned in the Regulations. The person in charge had completed hazard identification and risk assessment within different areas of the centre and also for the external areas. The inspector noted that the person in charge regularly reviewed these assessments and updated them accordingly with additional control measures that were required including the installation of grab rails in specific areas. However, some risks that had been identified, had not yet been addressed including the accessibility of the centre via the front entrance.

In addition to environmental and clinical risks, individual risks specific to each resident were identified and control measures documented in residents' personal risk management plans. The inspector viewed some of these plans and found that they provided detailed guidance for staff to promote the health and safety of residents. Each resident also had an up to date missing person profile that included essential information and a photograph of the resident.

The inspector reviewed fire safety policies and procedures. There were up to date servicing records for all fire fighting equipment and the fire alarm system. All staff had received formal fire safety training. Fire evacuation drills took place, one of which was during night-time hours, involving residents and staff. The inspector noted that objects of reference to support residents in the event of a drill were kept in the emergency plan folder. Records of all fire drills were maintained which included the time taken and comments recorded for learning. Personal evacuation plans had been developed for each resident and provided clear guidance to staff on residents' individual requirements. Fire safety checks took place regularly including daily checks of the fire extinguishers and fire exits. The procedures to be followed in the event of fire were prominently displayed in the centre.

An emergency plan was in place that provided clear guidance to staff in the event of various emergencies. The plan included arrangements for alternative accommodation and emergency transport in the event of evacuation.

The inspector viewed a sample of service records and found that they were up to date including the servicing of assistive equipment.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

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

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

There was a policy on the protection of vulnerable adults in place. The policy provided adequate information to guide staff in the event of any suspicion of abuse. The inspector was informed of the designated liaison person and viewed a recent notification that was investigated through the relevant processes. Management and staff that were spoken with displayed good knowledge regarding their roles and responsibilities for the safeguarding of residents. Staff were familiar with the different types of abuse residents were vulnerable to and the mechanisms in place to report and support residents where/when necessary. There was also evidence that all staff in the centre had attended mandatory training in this area.

The inspector observed management and staff engaging with residents in a respectful and appropriate manner. Staff had been provided with training in the management of behaviours that challenge and there was evidence of an appropriate standard of practice in this area. The inspector saw that there were measures in place for the person in charge and staff to seek additional advice from the behaviour support team.

There were detailed policies in place on the use of restrictive procedures which informed staff practice. Through discussions with staff, observations and review of associated documentation, the inspector was satisfied that the centre was promoting a restraint free environment, where possible. Specific restrictions were in place to support the resident's safety and safeguard their property. Any restrictions that were in use had been risk assessed, monitored and regularly reviewed.

Systems and procedures were implemented to ensure that residents were safeguarded from the risk of financial abuse. The inspector reviewed practices in relation to the protection of the resident's finances and found that there was an effective system in place to safeguard residents' monies. There was a policy in place on the management of residents' monies by management and staff including belongings and valuables. Residents’ money was securely stored and available to residents whenever needed. The inspector viewed a sample of residents' financial records and found that the records were up to date and correlated with receipts and the balances checked. The person in charge effectively monitored residents’ finances and an audit had also been carried out by the organisation's financial controller.

Judgment:
Compliant

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

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

**Findings:**
The inspector found satisfactory practice in relation to recording and notifications of incidents.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. From the sample of records viewed, all relevant incidents had been notified to the Chief Inspector by the person in charge. The inspector found that appropriate information was maintained including details of the incident, how they were managed and identification of any preventive measures.

**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:**
Measures were in place to enhance residents' quality of live and this included opportunities for new experiences, social participation and education, where possible.

For instance, residents were encouraged to take part in education and skill development. Some residents were involved in basic household chores, including assisting with their own laundry and food shopping, as a form of skill building. One resident was making cards to send to his/her family. Bespoke training had been identified for some of the residents and plans were in place to provide this. Residents were observed returning from their day services and staff in the centre also provided support to residents for trips away at the weekend.

**Judgment:**
Compliant
**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
Overall, the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health. Arrangements were in place to support residents’ health care needs and that they had access to appropriate medical and allied healthcare services.

From the sample of files reviewed each resident had a clearly documented healthcare plan that demonstrated residents were being supported in their health care needs in accordance with their care planning.

Each resident had access to GP (general practitioner) services including an out of hour’s service. The inspector saw that residents had the opportunities to access allied health professionals including an optician, dentist, psychology, psychiatry and chiropody. Residents attended specialist services and hospital appointments when and where required. Records of referrals and appointments were maintained and recommendations were reflected in the resident's personal plan.

The inspector saw evidence of an annual multidisciplinary review of residents which included the resident where possible, family, relevant members of the clinical team, staff and management. The person in charge had ensured that residents' healthcare documentation was kept up to date and maintained to a good standard. The inspector found that each resident had an annual action plan that was kept under review. Each resident had a health action plan in place that detailed specific areas and conditions that required close monitoring, the possible affect on the resident and their support needs.

Residents' nutritional needs appeared to be met. The inspector observed menu choices, healthy eating information and residents having the freedom to choose food and access food as they wished. Measures were in place to monitor residents’ nutritional status and staff demonstrated knowledge of residents' requirements and food preferences. Referrals to the dietician or speech and language therapist were made as required and staff described how their recommendations had been implemented. The inspector saw that food journals were in place for residents along with specific guidelines and cooking tips for residents on specialised diets. Residents' weights and BMI (body mass index) were regularly monitored and where applicable residents were referred for specialist assessment when required.
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:**
Residents were protected by the designated centres’ policies and procedures for medication management. The person in charge was very knowledgeable of the medication policies and protocols and had good systems in place to monitor medication practices.

The medication management policy guided practice. Staff spoken with and training records viewed, confirmed that staff had completed medication management training. The person in charge had facilitated training on medication management in May 2015.

The inspector viewed a random sample of residents' prescription/administration charts and found that they contained required information to enable staff to safely administer medications. Each medication was individually prescribed and reviewed by the GP (general practitioner) when required. Medication was appropriately supplied and safely stored in the centre. Medications requiring refrigeration were suitably stored and the temperature of the refrigerator was monitored and recorded each day. In addition, the inspector noted that adequate arrangements were in place with the pharmacy to ensure the safe return and disposal of medication.

Each resident had a medication folder that included important information regarding the resident’s medications including PRN (as required medications) protocols and other information to ensure staff were fully aware of what the medication was and possible side effects.

There were regular reviews and audits of medication including stock control and PRN audits. The person in charge had also implemented a system for reviewing and responding to medication errors.

**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*
**Theme:**
Leadership, Governance and Management

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

**Findings:**
There was an up to date statement of purpose that accurately described the service provided in the centre and included all the information required in Schedule 1 of the Regulations.

The statement of purpose was available within the centre.

**Judgment:**
Compliant

**Outcome 14: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The provider had implemented an effective management structure.

There was a clear management structure, and the roles of managers and staff were defined and understood. Support services were available within the organisation that included speech and language therapy, occupational therapy, behaviour support services, a social worker, physiotherapist, financial controller and a health and safety officer.

The inspector noted that the person in charge of the centre was suitably qualified and experienced. She was very knowledgeable about the requirements of the Regulations and standards, and had an in-depth knowledge of residents' needs and their personal plans. The person in charge was clear about the reporting structure in the organisation and described the support from her line manager as very good. She confirmed that she
attended monthly area meetings with her line manager and other persons in charge within the organisation.

The person in charge was actively involved in quality assurance and improvement measures in the centre, including reviews of accidents, incidents and complaints, risk identification and reviews of personal plans.

The person in charge had been involved in the completion of the annual report for the centre. This review included consultation with residents, their families and staff.

**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 regional service manager and the person in charge were both aware of the requirement to notify the Chief Inspector of the absence of the person in charge and outlined the arrangement which were in place to cover any such absence.

**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:**
The centre was resourced to ensure delivery of care and support in accordance with the Statement of Purpose. The inspector found that there was sufficient resources to
support residents achieve their individual personal plans. The person in charge in conjunction with the regional service manager had the autonomy to put in place additional staff hours, as required. Suitable transport was provided and available for use by the residents when required.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

Findings:
The inspector found that there appeared to be adequate staffing levels and skill mix to care for residents.

The inspector viewed a random sample of staff rosters and found that on the days of inspection the roster reflected the number of staff on duty. Staffing levels were based on the assessed needs of residents and were determined by the experience of the person in charge and regional service manager. Staff were available to support residents within the centre and when they wished to go out in the local community to attend appointments, go to the shops, restaurants and attend social occasions. The person in charge and regional service manager confirmed that arrangements were in place for additional support if needed.

There were a range of health care supports available to residents within the organisation including the services of a speech and language therapist, occupational therapist, behavioural support specialist and social worker.

The organisation had identified fire safety, abuse prevention, behaviour that is challenging and manual handling as mandatory training which staff were required to attend every three years. One staff member had not received up to date training in moving and handling. Prior to this inspection, the person in charge had identified and flagged that this staff member required training in this area. All other staff were up to date in their mandatory training. Staff had received additional training on areas including first aid, epilepsy care and medication management.
**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 records as required by the Regulations were available in the centre and kept in a secure manner. During the course of the inspection, the inspector reviewed documents including the Residents' Guide, staff files, medical records, and health care documentation were viewed and were found to be satisfactory.

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

The required written operational policies had been developed and they were accessible to staff in each house.

Up to date insurance was in place that was specific for this centre.

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

All records requested during the inspection were readily made available to the inspector.

**Judgment:**

Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Nan Savage
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001751</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>11 August 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 September 2015</td>
</tr>
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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:

There were defective surfaces in the bath/shower rooms including damaged floor covering and permanent staining in the bath. The areas adjacent to the taps positioned at the bath were also defective and the surfaces were not readily cleanable.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:
A Refurbishment Plan for the designated Centre has been finalised and costed. Funding is being sought with a view to implementing the plan by the end of December 2015.

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The main corridor was not adequately lit at times during the inspection.

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

Please state the actions you have taken or are planning to take:
Brighter Light Bulbs are in place and lights kept on when residents are present in designated centre.

**Proposed Timescale:** 14/08/2015

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some risks that had been identified by the person in charge, had not been addressed. For example, the entrance to the front of the centre was very steep and posed a possible risk to residents. The person in charge and regional service manager had identified these risks prior to inspection.

3. **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 proposed works to the front of house will be completed once confirmation on funding is received.

**Proposed Timescale:** 30/12/2015
**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
One staff member had not received up to date in people moving and handling.

### 4. 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:**
The staff has been nominated and will attend Minimal Handling Training.

**Proposed Timescale:** 29/09/2015