<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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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001771</td>
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<td>Centre county:</td>
<td>Mayo</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>Western Care Association</td>
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<tr>
<td>Provider Nominee:</td>
<td>Bernard O'Regan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nan Savage</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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<td>Type of inspection:</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
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<tr>
<td>Number of vacancies on the date of inspection:</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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<tr>
<td>08 September 2015 11:30</td>
<td>08 September 2015 18:30</td>
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<tr>
<td>09 September 2015 09:30</td>
<td>09 September 2015 16:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and the management team, observed practices and reviewed documentation such as personal plans, medical records, policies and procedures. The inspector also reviewed resident/family questionnaires that were submitted to the Authority’s Regulation Directorate and received during the inspection. As residents living in the centre are out during the day, part of the inspection took place in the early evening, when residents had returned from their day activities.

There was evidence of a high level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons
(Children and Adults) with Disabilities) Regulations 2013. The inspector found that residents received a good standard of care and support. The provider and management team had also taken measures to protect the safety of residents.

Residents’ communication support needs were met. The person in charge and staff supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were also supported to pursue their interests, hobbies and to develop new skills. The quality of care and experience of the residents was monitored on an ongoing basis.

The centre was suitably furnished and maintained in a clean condition.

Some improvement was required to aspects of fire safety and risk management, promotion of residents' rights, storage of some information to ensure their privacy and implementation of the centre's policy and procedure on monitoring and documentation of nutritional intake. 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.

Residents were consulted in how the centre was operated and daily happenings in the centre were based on the resident's needs and expressed wishes. There were examples of how residents were involved in the running of the centre for example, deciding on their own meals and whether they wished to keep their bedrooms locked. The inspector read some minutes of residents’ meetings and found that residents' discussions took place around events that took place during the previous week, planned activities for the week ahead and menu planning. The inspector read that residents were informed of the upcoming inspection and a conversation took place regarding this. The inspector discussed with the person in charge and regional service manager how the scope of these meetings could be expanded to include additional areas that are important to the resident including education on different easy to read polices that were in place within the organisation.

Residents were actively involved in household activities including shopping, laundry and food preparation. The inspector saw that some residents enjoyed completing household tasks and staff supported these residents to complete them. Additionally, the residents and/or family were involved in purchasing items for the centre including choosing furnishings and the colour of their bedrooms.

Residents’ rights were promoted and supported by the provider, person in charge and staff. Residents had a personal risk management plan in place that included the
strategies to balance the safety of the resident and support their rights. An individualised assessment of the resident’s rights had been completed which considered any restrictions that were in place. A process was in place to ensure that the findings of this assessment were reviewed by the organisation's rights review committee and that any recommendations put forward by the committee would be considered. However, the inspector noted that the front door was restricted by a key pad. This had not been recently reviewed to determine the current suitability of this restriction. The person in charge confirmed that he was in the process of reviewing the use of this keypad.

The centre had a complaints management system in place, which included a complaints policy and procedure that meet the requirements of the Regulations. The complaints policy provided guidance on the management of complaints. The complaints procedure was written in a legible format, including pictures and photographs, and was designed to be clear and accessible to both residents and their families. This procedure was displayed in a prominent location in the centre. There was a complaints log book available to record complaints. The inspector noted that no complaints had been recorded and the person in charge confirmed that none had been received.

An advocacy forum had been established within the organisation and arrangements had also been implemented in this centre to facilitate easy access to an advocacy service.

Staff engaged with residents in a respectful and kind manner that also supported the dignity and privacy of the resident. Intimate care plans were in place that guided staff with residents’ personal care needs and provided protection for the resident from any risk during the delivery of intimate care. Staff were familiar with these plans and had used the organisational policy on intimate/personal care to develop this plan. However, the inspector noted that some private information that related to residents was displayed in communal areas of the centre. While this information was intended to support residents in their daily activity this did not ensure confidentiality.

Residents’ belongings were respected and safeguarded. Each resident had their own bedroom which were personalised with photographs, pictures and individual belongings that had had value to the resident. There was a lockable storage space in each bedroom, in which residents could keep personal belongings. Residents also had adequate space to store their personal belongings including clothes. One of the residents that was out during the day showed the inspector his bedroom when he returned to the centre in the evening. This resident was very pleased with his/her bedroom and liked to keep it locked during the day.

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

Residents' civil and religious rights were respected although improvement was required to promote their political rights. There was no evidence that residents had been consulted with about their right to vote. The inspector noted that residents had not been registered to vote. The inspector noted that a representative from Citizens’ Advice had visited the centre in April 2015 and met with the residents and staff. At the time of inspection all residents in the centre belonged to the same religious denomination.
There was a church nearby which residents could visit and supports were in place to facilitate residents to attend religious services.

**Judgment:**
Substantially Compliant

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
There were systems in place to assist and support residents to communicate.

Staff who spoke with the inspector were very familiar of the different individual communication needs of each resident. Some staff had received training on communication techniques and there was a communication policy to guide staff.

Each resident had a communication profile documented in their personal plan which identified the appropriate communication techniques for the resident. Speech and language therapy had been utilised in the pass to assist in the development of plans for residents. Communication systems that were in use included sign language (Lámh) and a picture exchange system (PECS). The inspector also noted that the names and photographs of staff on duty were displayed as knowing which staff were on duty was important to residents. The person in charge and regional service manager described how communication aids and appliances would be reviewed to support and develop communication strategies for specific resident.

Various information was available most of which was in an accessible format on the notice boards and folders in the reception area, including local news, ‘signs of the week’ and leaflets showing different activities available including the local men’s’ shed.

All residents had access to televisions, radio, telephone, postal service, newspapers and magazines.

**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):**
No actions were required from the previous inspection.

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

Positive family supports were in place. For instance, residents had the opportunity to visit family and friends, attend family gatherings and also go on holidays. One of the residents commented to the inspector about how they really looked forward to staying with family and spoke about a family event that s/he was attending that weekend.

The person in charge and staff confirmed that there was an open visiting policy. The person in charge ensured that a log of all visitors to the centre was maintained. There was sufficient space within the centre for residents to meet visitors in private, if they wished. Residents also visited and stayed with family members regularly. Each resident was supported by staff to identify important people in their lives and this information was used to develop a social network plan.

Questionnaires received from relatives and records maintained demonstrated that residents and family were very involved in the residents’ annual assessment goal setting. Families were encouraged to take part in residents’ ‘circle of support’ meetings. Minutes of these meetings were kept and showed that there were discussions on the residents’ condition, needs and any agreed plans around areas relevant to the resident’s life and well-being. Families were kept informed and updated with any changes, where applicable.

Residents attended day services and support groups each weekday where they had the opportunity to meet with and socialise with their friends. One of the residents described what they did at the day service and how they enjoyed spending time there.

Residents were supported to attend a range of outings including entertainment events, birthday parties, cinema, and participate in leisure activities such as bowling and swimming. Residents frequently visited the shops and facilities in the nearby town and also went on bus trips. Where possible, some residents took part in community events including a walking festival.

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

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

**Theme:**
Effective Services

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

**Findings:**
There had been no recent admissions to the centre and the person in charge confirmed that there were no planned admissions.

Contracts for the provision of services were agreed with each resident. The inspector viewed a sample of contracts and found that they dealt with the services to be provided and the fees to be charged, including the details of additional charges.

**Judgment:**
Compliant

Outcome 05: Social Care Needs

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

**Theme:**
Effective Services

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

**Findings:**
Each resident’s social well-being was maintained by an appropriate standard of care and support. Residents’ individual needs and wishes were assessed and used to inform personal planning. Residents were given the opportunity to participate in interests suitable to their individual preferences both within the centre and in the community.

The inspector viewed a sample of residents’ files and read that each resident had
personal plans which included important information about the residents’ backgrounds, likes/dislikes and people significant in their lives. The plans set out each resident’s individual needs, life goals, personal outcomes which were kept under review and participation by residents/ representatives in the development of their plans. Each resident had an identified ‘circle of support’ that included family and key workers. There was evidence that these groups met annually, to discuss and plan around areas relevant to the resident’s life and well-being. The inspector viewed a sample of minutes and found that they were informative and summarised discussions that took place regarding the resident’s current condition and needs.

Residents were supported by staff to access activities both within the centre and in the local community. This included sporting events, arts and crafts, drama, the cinema and community events such as festivals and parties. There were examples of where residents were supported to be independent and develop skills within the home or learn leisure skills. The inspector found that the way in which staff supported residents showed their understanding of each person.

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 design and layout of the centre met residents’ needs. The centre was a bungalow that was well located in a large town. This provided residents with good opportunity to access their local community and amenities. Overall, the centre was maintained in an appropriate condition.

The centre was comfortable, warm and styled with homely furnishings with appropriate heating, lighting and ventilation.

There was adequate communal and private space for residents with an external area for residents located at the back of the house. This area was well maintained and there was nice garden furniture for residents to use in fine weather. The person in charge outlined plans to develop this area further to suit residents’ needs and preferences.
Rooms were suitably sized to meet resident's needs and there was adequate storage for their belongings. There were also sufficient numbers of toilets and bathing facilities.

The inspector found the kitchen and laundry to be well equipped. There were a range of foodstuffs available, including fresh fruit, vegetables and juices.

There was a separate staff bedroom that doubled up as the office.

The inspector viewed a sample of maintenance and servicing records which confirmed that equipment was kept in good working order.

**Judgment:**
Compliant

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

The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Effective Services

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

**Findings:**
Health and safety of residents, visitors and staff was promoted and protected although, some improvement was required to aspects of fire safety and risk management. The person in charge and regional service manager responded promptly during the inspection and had addressed some of the potential risks identified by the inspector prior to completion of the inspection.

There was a risk management system 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 guidance on areas of risk management such as risk assessment, development of personal risk management plans and balancing safety and rights. The inspector found that this policy had been used to inform practice.

Hazard identification and risk assessment had been completed by the person in charge for different areas within the centre and also for the external grounds. Systems were in place for the regular review of risk and the inspector noted that these assessments had been recently reviewed in August 2015. The inspector found that the person in charge was responsive to risk management and had identified specific risks that had been subsequently addressed. Appropriate control measures had been implemented in most areas. Individual risks specific to each resident were also identified and control measures documented in residents' personal risk management plans. The inspector viewed a sample of these plans and found that they contained detailed guidance for staff to
promote the health and safety of residents.

However, the inspector observed an environmental risk on inspection that posed a risk to residents' safety. There was a trailing cable located outside the centre that posed a trip hazard to residents and others. This potential risk was addressed during the inspection.

While fire safety measures were in place some improvement was required to promote residents' safety. The inspector noted that the emergency exit located in the dining room had been partially obstructed by furniture. The person in charge addressed this potential risk during the inspection. The inspector also noted that sections of intumescent strips on some fire doors had been painted over and this had the potential to impact on the effectiveness of these doors in the event of a fire. During the inspection, the person in charge contacted relevant personnel within the organisation to address this potential risk.

The inspector found that other adequate fire safety measures were in place. There were up to date servicing records for all fire fighting equipment and the fire alarm system. All staff had received formal fire safety training and regular fire drills took place that involved residents and staff. Records of all fire drills were maintained which included important details such as the time taken and any required actions to improve the effectiveness of the fire drills. Individual evacuation plans had been developed for each resident. Staff who spoke with the inspector confirmed that they had attended fire training and outlined clearly what to do in the event of a fire.

The centre was maintained in a clean condition and there were a number of infection control measures in place. However, some improvement was required to the storage of cleaning equipment. The inspector saw that mops and buckets were kept in an exposed area outside and this did not ensure that they were maintained in a clean and hygienic condition. The person in charge and regional service manager had largely addressed this issue by end of the inspection.

There was an emergency plan in place which guided staff on what to do in the event of different types of emergencies. The plan also detailed arrangements for emergency transport and alternative accommodation. The person in charge had maintained an emergency box in the centre which stored various relevant items to be used in an event of an emergency.

A visitors' book had been implemented by the person in charge and an associated policy was also in operation to inform practice.

Staff spoken with and the sample of records reviewed by the inspector confirmed and staff spoken with confirmed that staff had attended training in minimal moving and handling.

Judgment:  
Non Compliant - Moderate
**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

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

**Findings:**
Appropriate measures were in place to protect residents from being harmed or abused. There were policies on the safeguarding of adults with a disability from abuse and there was a training programme implemented which ensured that each staff member attended training in prevention of abuse.

Staff and management that spoke with the inspector were very knowledgeable of their responsibilities in this area. Staff spoken with and training records viewed showed that staff had received formal training in this area. Throughout the inspection, the inspector found that staff interacted with residents in an appropriate, caring and respectful manner.

There were policies in place to guide staff on responding to behaviours that challenge and restrictive procedures. Support plans were in place for any resident that displayed potential behaviours that challenged. The inspector observed staff interacting with the resident in accordance with their plan. Staff had attended appropriate training on managing behaviours that are challenging.

From the sample of financial records viewed by the inspector, adequate measures had been implemented to ensure residents’ financial arrangements were safeguarded. Residents’ money was kept securely in lockable storage in the resident's bedroom. Records had been kept up to date and correlated with, resident's bank statements, receipts and the balances spot checked by the inspector in conjunction with the person in charge. The inspector read that the person in charge monitored residents’ finances on a regular basis.

**Judgment:**
Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where*
**Theme:**
Safe Services

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

**Findings:**
The person in charge was familiar with the legal requirement to notify the Chief Inspector regarding specific incidents and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector read a sample of incident records and found that required information was well documented. The incidents were reviewed by management to identify any possible learning outcomes including preventative measures that would improve service delivery.

**Judgment:**
Compliant

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**Outcome 10. General Welfare and Development**

*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
Residents were supported to undertake education and training in assisting them to achieve their potential. Residents had opportunities for new experiences and to develop additional skills. They were also encouraged to be independent in the house and community as much as possible.

Residents were involved in household tasks as a form of skill development. There were also some development opportunities available to residents within the community and through day services that residents attended. A resident told the inspector about the different activities that took place in the day service and how they enjoyed participating in these. There were plans in place to provide education for some residents. For example, arrangements were in place for one of the residents to attend training on relationships. Some resident also regularly attended a support group that had specific
relevance to the residents' individual needs.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
The inspector reviewed a sample of files and found that arrangements were in place to support residents' health care needs and that they had access to appropriate medical and allied healthcare services.

All residents had access to GP services including an out of hour’s service, were regularly reviewed by their GP and had received an annual health check. Residents also had access to allied health professionals such as speech and language therapy (SALT), dietetics, chiropodist and psychology. Records of referrals and appointments were kept in residents' files and recommendations were included in the resident's personal plan. The inspector saw evidence of their input into residents’ personal planning and how this had resulted in better outcomes for residents.

The person in charge had put in place arrangements to ensure residents' nutritional needs were met although some improvement was required. Measures were in place to monitor residents’ nutritional status and staff demonstrated knowledge of residents' requirements. However, one resident's weight and body mass index (BMI) was not consistently recorded, as required by the centre’s procedures. A required action related to this is included under Outcome 18. Referrals to the dietician and/or speech and language therapist had been made and the inspector saw how these recommendations had been implemented and resulted in positive outcomes for residents.

Residents were supported to make health eating choices. The inspector read that detailed menu plans were in place for residents that required them. Nutritional guidance was also available and used to inform menu planning. Some of the residents attended support groups and this assisted them in achieving planned weight loss to improve their overall health and well-being. Staff also encouraged and supported residents to regularly exercise.

Staff enabled residents to have ready access to the kitchen, drinks and snacks at all times. Residents were actively involved in choosing and preparing their meals, where
possible. The inspector noted that residents had access to a varied and nutritious diet, and gave positive feedback regarding their meals.

**Judgment:**
Compliant

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**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. Written operational policies were in place to inform staff practice in relation to the ordering, prescribing, storing and administration of medicines to the resident.

The inspector reviewed a sample of medication records and procedures for the storage and disposal of medication. The inspector found that appropriate medication management practices were in place guided by the centre’s policy. Records were maintained that confirmed residents’ prescriptions were regularly reviewed.

There were no residents on crushed medications or medications that required strict control. Procedures were in place to guide staff if any resident required these medications.

At the time of inspection there were no medications that required refrigeration. The inspector noted that a fridge was available should there be medication that required storage at low temperatures.

Regular internal audits were carried out to ensure compliance with the centre’s policy. External audits were also completed as part of the organisation’s quality procedures. The inspector saw that where areas for improvement were identified that these had been addressed.

With the exception of one staff all other staff involved in the administration of medications had attended appropriate training. The person in charge confirmed that he was satisfied that the remaining part-time staff member had the appropriate competencies and experience to complete medication administration. This staff member was scheduled to complete this training on 16 and 17 September 2015.
Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
There was a written statement of purpose in place that described the services provided and complied with most of the requirements of the Regulations.

However, some improvement was required to ensure the statement of purpose complied fully with Schedule 1 of the Regulations. For example, arrangements made for the supervision of any specific therapeutic techniques had not been detailed in this written document. The inspector also noted that the description for one of the shower room facilities had not been accurately reflected. The regional manager and person in charge amended the statement of purpose during the inspection.

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 ensured that there was an effective management structure in place.

The management structure was clearly defined, and the roles of managers and staff were understood. A range of support services were available within the organisation that included a financial controller, speech and language therapy, physiotherapy, occupational therapy, behaviour support services, a social worker, a health and safety officer and Human Resources (HR) department.

The person in charge of the centre was suitably qualified and had the required experience. He was familiar with the requirements of the Regulations and Standards, and had a detailed knowledge of residents' needs and their personal plans. The person in charge was clear about the reporting structure in the organisation. The person in charge attended area meetings on a regular basis along with 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. He had also completed an annual report for the centre. This review included consultation with residents, their families and staff. The inspector noted how feedback received had been used to develop the service.

**Judgment:**
Compliant

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

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The person in charge and management staff were familiar with the requirement to notify the Chief Inspector of the absence of the person in charge.

In addition, the person in charge was also supported by the regional service manager. The inspector interviewed this manager that had recently joined the organisation, and found that he demonstrated knowledge of the role and responsibilities of the person in charge under the Regulations. There were arrangements in place to cover the absence of the person in charge both during planned absence and out of hours.
**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:**  
Adequate resources had been made available to ensure effective delivery of care and support in accordance with the statement of purpose.

The centre was suitably furnished and equipped. There were also adequate resources to facilitate residents’ occupational and social requirements. The inspector noted that residents were continually supported throughout the two day inspection. There was also evidence that extra hours had been rostered 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 staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Staff were supervised on an appropriate basis, and had been recruited, selected and vetted in accordance with best recruitment practice.
There was a committed person in charge and staff team who worked well to support residents. The inspector saw that residents knew staff very well and residents appeared very comfortable in the company of the person in charge and staff.

The inspector reviewed the staff rosters and found that staffing arrangements were sufficient to support and enable residents in their daily routines. The roster was flexible and changes were made on an ongoing basis in order to facilitate the varying schedules of all the residents.

The inspector reviewed a sample of staff files and noted that they met the requirements of the Regulations. Regular supervision meetings were carried out with each staff member to identify any training needs and monitor performance.

Continuous training programme had been implemented and records were maintained of staff training. These records showed that in addition to mandatory training staff attended a range of other training in areas such as behaviours that challenge, occupational first aid, food nutrition and food hygiene, and supporting people with epilepsy. Certificates of attendance were in the staff files and a training matrix was maintained in the centre.

Volunteers attended the service and provided an invaluable additional support for residents. One of the residents that spoke with the inspector mentioned how s/he enjoyed spending time with their volunteer. The inspector noted that appropriate recruitment and vetting had been undertaken.

**Judgment:**
Compliant

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**Outcome 18: Records and documentation**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

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

**Findings:**
Records required by the Regulations were kept in the centre and stored in a safe
manner. The inspector reviewed documents including medical records, health care documentation and Residents' Guide, and found that they were completed in accordance with the Regulations.

The required written operational policies and procedures had been developed and they were accessible to staff. However, policy and procedures in relation to food and nutrition had not been fully implemented. One resident's weight and body mass index (BMI) was not consistently recorded, as required by the centre's procedures.

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.

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

The directory of residents was kept 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:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Nan Savage
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001771</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>08 and 09 September 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09 October 2015</td>
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</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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no evidence that residents had been consulted with about their political rights and facilitated to vote, if they choose to exercise this right.

1. Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Since the visit, an application for entry of names in the register of electors form has been completed on behalf of the Service users and had been forwarded on to the local county council offices for entry to the register.

**Proposed Timescale:** 07/10/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some private information that related to residents was displayed in communal areas of the centre and did not ensure confidentiality.

2. **Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
After consultation with the service user, the information on display during the visit has now been relocated to a private area.

**Proposed Timescale:** 01/10/2015

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Infection control precautions were in place, however, some improvement was required to the storage of cleaning equipment. Cleaning equipment was stored in an exposed area outside and this did not ensure that this equipment was maintained in a clean and hygienic condition.

3. **Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
During the visit the building of a storage area was commenced for the safe storage of cleaning equipment, this has now been completed with a door having been added to
ensure appropriate infection control methods are in place.

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<tr>
<th>Proposed Timescale: 02/10/2015</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Sections of intumescent strips on some fire doors had been painted over and this had the potential to impact on the effectiveness of these doors in the event of a fire.

**4. 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:**
All intumescent strips on doors have been replaced.

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<th>Proposed Timescale: 06/10/2015</th>
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**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy and procedures in relation to food and nutrition had not been fully implemented. One resident's weight and body mass index (BMI) was not consistently recorded, as required by the centre's procedures.

**5. Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:**
All service users are now weighed monthly and weights are recorded.

| Proposed Timescale: 01/10/2015 |