### Health Information and Quality Authority
**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001774</td>
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<td>Centre county:</td>
<td>Mayo</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Western Care Association</td>
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<tr>
<td>Provider Nominee:</td>
<td>Bernard O'Regan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nan Savage</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
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<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>
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<th>From</th>
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<tr>
<td>21 September 2015 12:00</td>
<td>21 September 2015 18:50</td>
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<tr>
<td>22 September 2015 09:00</td>
<td>22 September 2015 17:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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### Summary of findings from this inspection

This was the first inspection of this centre carried out by the Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days. As part of the inspection, the inspectors met with residents, social care staff and persons participating in management, observed practices and reviewed documentation such as personal plans, medical records, policies and procedures. The inspectors 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.

This centre provides residential support to adults with an intellectual disability. Overall, the inspectors found that there was evidence of a good standard of compliance, in most areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspectors noted that there had been a significant amount of work completed in recent months and this had improved the quality and safety of care provided to residents.

Throughout this inspection, residents received a good quality service and presented as happy and well cared for in the centre. Staff supported residents in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to attend day services and part time work. Staff and residents knew each other well, residents were observed to be relaxed and comfortable in the company of staff. Staff were found to be providing a service that was person centred and individualised in accordance with residents' needs.

The centre was comfortable, homely, appropriately furnished although there was some areas identified by the inspectors that required maintenance during the inspection. The management and staff responded promptly during the inspection and most issues identified had been addressed prior to completion of the inspection.

Some improvement were also required to aspects of medication management, fire safety and risk management, the premises, promotion of residents' rights and completion of some records. 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.

Residents’ rights were promoted and supported by the provider, person in charge and staff although some improvement was required. Each resident had a detailed personal risk management plan that described 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. 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. However, inspectors noted that there was a restriction in place which had been reviewed by management and staff but in the absence of feedback from the rights review committee, a decision had not been made regarding this restriction.

Residents were consulted about the running of the centre and there were many 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 furniture. Residents’ meetings took place weekly on a Monday and this enabled residents to keep up to date with any changes or happenings in the centre. During the inspection, a residents' meeting took place as planned and inspectors found that it was very inclusive of residents and staff actively sought their views and feedback. 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 choices and any visitors that were in the centre.

Additionally, residents actively participated in household activities including food preparation, shopping and looking after their own bedrooms, where possible. With the support of staff, inspectors saw residents assisting with food preparation and making snacks for themselves.

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 on display in a prominent location in the centre. There was a complaints log that was used to record any complaints. An inspector read a sample of complaints and found that issues raised had been responded to appropriately.

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. Details regarding advocacy arrangements were displayed in the centre.

The inspectors found that staff and management interacted with residents in a respectful and caring manner 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 although some improvement was required to ensure the plans comprehensively recorded residents' needs and preferences. Inspectors viewed a sample of these plans and found that they provided useful information but some were not comprehensive and did not provide clear direction to staff on meeting residents’ personal care needs. The inspectors noted that some areas of the organisational policy on intimate/personal care had not been followed in developing the residents' intimate care plans. Staff were familiar with these plans and the social care worker that formed part of the deputising arrangement for the person in charge revised one of these plans during the inspection. A required action relating to the completion of some documentation in line with polices and procedures s included under Outcome 18.

Private information that related to residents was securely stored to ensure confidentiality and data protection. Each resident had their own bedroom and had a key to lock their bedroom doors.

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

Staff and management spoken with were 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’ political 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 and one of the residents had chosen to vote in this Referendum. Residents were from different religious denominations and measures were in place should they wish to practice their beliefs.

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

The inspectors viewed a sample of residents’ personal plans and noted that each resident had a communication system developed. This included a communication profile which had identified the resident’s communication needs. Staff spoken with outlined clearly residents’ individual communication requirements.

A variety of information was displayed in accessible format on the notice boards including community news, upcoming events and information regarding various clubs that residents attended. Coloured pictures of staff on duty were also displayed and this was important to some of the residents as they liked to know what staff were coming on duty. The inspectors noted that one of the residents was involved in updating the pictures of which staff were coming on duty. 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 were also facilitated to use Skype and the inspectors noted that some residents used this to stay in contact with family that did not live nearby. One of the residents that was very interested in computers had his own computer equipment and games station that he enjoyed playing.
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 was encouraged and supported to interact in the local community in a manner that was safe for them.

The inspectors noted that families were encouraged to get involved in the lives of residents. Positive family supports were in place. For instance, residents had the opportunity to visit family and friends, attend family functions and go on trips. There was evidence that residents visited and stayed with family members regularly. During the inspection, some of the residents returned from weekend breaks with their family. One of these residents spoke about how they liked to spend time with their family and also chatted about spending time with their friends.

There was an open visiting policy. The person in charge ensured that a log of all visitors to the centre was maintained. There was adequate space within the centre for residents to meet visitors in private, if they wished. Each resident was supported by staff to identify key people in their lives and this information was used to develop a social network plan.

Records were kept that showed residents and family participated in the residents’ annual assessment goal setting. Families were encouraged to take part in residents’ ‘circle of support’ meetings and other meetings, when required. Detailed minutes of these meetings were maintained and demonstrated that there were discussions on the residents’ condition, needs and any agreed plans for the resident. Notes were also kept of ongoing communications that took place with family to update them on any changes to the resident's condition or any developments within the service.

Residents attended day services each weekday where they had the opportunity to meet and socialise with friends. Some of the residents described what they did at the day service including various activities such as playing sports and doing arts and crafts.

Residents were supported to attend a range of outings including horse riding, bowling, dining out in local restaurants and pubs and attending concerts. Residents frequently visited the shops and facilities in the nearby town and also went on bus trips to areas of
local interest.

Residents took part in some events within the community and were members of different groups which helped them in getting to know new people. This included membership of the bowling club, been actively involved in fund-raising for charity and going to football matches.

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:
Policies and procedures were in place to inform the process of admitting any new resident to the centre.

There had been no recent admissions to the centre although one resident that had moved out for a period of time had been re-admitted to the centre in January 2015. An inspector noted that the provider and person in charge had facilitated the resident to move back into the centre, at the resident's request. Arrangements had been put in place to support this resident moving back into the centre and meetings took place in advance of the move to ease the transition. During the inspection, the resident communicated to an inspector that s/he was very happy living in this centre.

Contracts for the provision of services were agreed with each resident. Inspectors 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:**
From the sample of files reviewed 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 facilitated the opportunity to engage in interests suitable to their individual preferences both within the centre and in the community.

The inspectors reviewed a sample of residents’ files and found that each resident had personal plans which detailed significant information about the residents' backgrounds, likes/dislikes and key people in their lives. The plans were developed in consultation with the resident/representatives and set out each resident's individual needs, life goals, personal outcomes which were kept under regular review. Each resident had an identified 'circle of support' that included their families and key workers. There was evidence that these groups met six monthly or more often if required, to discuss and plan around areas relevant to the resident's life and well-being. The inspector viewed a sample of minutes which were informative and summarised discussions that took place regarding the resident’s current condition and needs.

Residents were supported by staff to engage in activities that included arts and crafts, gardening, the cinema and community events such as festivals and parties. Residents had access to and enjoyed a number of social and therapeutic activities such as, individualised therapy, shopping, day trips and walks. 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 and their individual needs.

There was evidence that supports were in place for residents to ease their transition between services. Residents were supported when attending appointments. Each resident had a document called the 'communication passport'. This document included key information about the resident.

**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 is a five bedroom, two storey house located in close proximity to a large town and a range of local amenities. The house was located within walking distance to the town and this provided residents with good access to their local community.

Overall, the design and layout of the centre was suitable for residents' needs. However, some areas were not maintained in a good condition. The regional service managers and staff, on behalf of the provider, responded promptly during the inspection and addressed most of the issues identified by inspectors prior to completion of the inspection.

There were evidence of ongoing maintenance and some areas of the centre had been planned for repainting including the spare bedroom on the first floor that was currently used by staff. However, inspectors identified a number of areas within the centre that were not adequately maintained. For example, some sections of floor covering in the toilets/bathroom were defective and did not enable staff to maintain these surfaces in a clean and hygienic condition. One of the toilets was permanently stained and in need of replacement. Prior to completion of the inspection, the regional service managers informed the inspectors that a quotation had been obtained for the replacement of these items. Inspectors also noted that a number of recently fitted doors had not been treated to enable effective cleaning. This issue was addressed during the inspection. Inspectors also saw that there was a loose chain located at the top of a door. Staff informed the inspectors that this chain was obsolete and that the door had been replaced with a proper self closing device. Staff removed this chain during the inspection.

There was adequate communal and private space for residents. Communal space consisted of a sitting room located at the front of the house and an open plan living area adjacent to the kitchen and dining area. Inspectors saw that there was a variety of seating and the rooms were nicely furnished. Residents’ bedrooms were suitably sized to meet resident’s needs and there was adequate storage space for resident’s belongings.

There were sufficient numbers of toilets and bathing facilities. On the ground floor residents had access to a toilet with wash hand basin that was located beside the utility room and staff informed inspectors that residents also had the choice to use the ensuite toilet that was located in the staff office which was opposite the living area. A resident’s bedroom located on the ground floor also had an ensuite shower, toilet and wash hand
basin. On the first floor there was a separate toilet with wash hand basin and bathroom with a bath, shower, toilet and wash hand basin.

Inspectors found that the external area was well maintained, however, there was nowhere for residents to sit, if they chose to spend time outdoors. During the inspection, outdoor garden furniture was purchased and positioned in the back garden. Residents noticed the new furniture and some told the inspectors that they liked it.

**Judgment:**
Substantially 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 improvement was required in some areas of risk management and fire safety.

There was a risk management framework 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 had been reviewed recently to include signposting to the precautions that were in place for the specific risks as detailed in the Regulations. The policy provided guidance on areas of risk management such as risk assessment, development of personal risk management plans and balancing safety and rights. Individual risks specific to each resident were identified and control measures recorded in residents' personal risk management plans. The inspectors viewed a sample of these plans and found that they contained detailed guidance for staff to promote the health and safety of residents.

Hazard identification and risk assessment had been completed for each part of the centre and also for the external area. The inspector noted that these assessments had been recently reviewed in August 2015. Appropriate control measures had been identified and implemented in most areas. However, the inspector noted that an environmental risk relating to the hot water supply that had been identified during 2014 had not yet been addressed. During the inspection, the hot water supplied at the hand wash basins was extremely hot and this posed a risk of scalding. The inspectors noted that specific interim controls had been put in place such as signage alerting residents to this potential risk. The inspector read that the person in charge had highlighted within the organisation that this risk had not been addressed.
While there were fire safety measures in place improvement was required to protect residents from potential harm. The inspectors noted that a signposted emergency exit located in the dining room had been partially obstructed by furniture. Inspectors also noted that sections of intumescent strips on a fire door had been painted over and this had the potential to impact on the effectiveness of this door in the event of a fire. During the inspection, relevant personnel within the organisation attended the centre to address these potential risks. Not all staff had received formal fire safety training as one staff member's training had expired in February 2015. The person in charge had identified this issue prior to inspection and had scheduled this member of staff to attend refresher training on 22 September 2015. Prior to completion of the inspection, the staff member had completed this training and was able to describe clearly what to do in the event of a fire. However, not all other staff were clear about the procedures to follow in the event of a fire and this was discussed with management during the inspection.

Inspectors noted that a requirement from the fire officer that related to the structure of the building had not been addressed. The fire officer had identified the need to double slab the ceiling in the centre. Prior to the inspection, the provider had submitted correspondence to the Authority that outlined he had made a submission for additional funding to address this issue.

Other appropriate fire safety measures were in place. There were up to date servicing records for all fire fighting equipment and the fire alarm system. 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.

There was a comprehensive 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 a range of important items to be used in an event of an emergency.

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

Staff spoken with and the sample of records viewed by the inspectors 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Effective 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 inspectors were knowledgeable of their responsibilities and had received appropriate formal training in this area.

Throughout the inspection, the inspectors found that staff interacted with residents in an appropriate and caring way.

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. With the exception of one staff member, all other staff had attended appropriate training on managing behaviours that are challenging. The remaining staff member was due to attend this training on 25 September 2015.

From the sample of financial records reviewed, measures were in place to safeguard residents’ finances. However, inspectors noted that a transaction on one resident's bank statement did not correspond with records maintained in the centre. After reviewing this with the relevant staff member it was identified that the staff member had recorded the incorrect date for a purchase that had been made by the resident. A receipt of this purchase had been retained and inspectors were satisfied that this error was administrative and rectified on inspection. Residents’ money was securely stored in lockable storage kept in the resident's bedroom. Other records that were viewed by inspectors had been maintained up to date and corresponded with, statements, receipts and the balances spot checked by inspectors in conjunction with staff.

**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:**
An inspector found satisfactory practice in relation to recording and notifications of incidents. Accidents, incidents and near misses were recorded and reviewed in line with the centre's own policy. Adverse event forms included a section on how the event could be avoided in the future and were used to inform learning.

The inspector reviewed a sample of accidents, incidents and near misses and found that any notifiable event had been recorded and submitted to the Chief Inspector within the required timeframe.

**Judgment:**
Compliant

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Outcome 10. General Welfare and Development
*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
Residents were supported to participate in education and training to assist them to achieve their potential. For instance, one resident living in the centre had enrolled on a computer course at the local institute of technology while arrangements were in place to support a different resident to attend education on relationship development.

Residents were also encouraged to be independent in the house and community as much as possible. Residents had opportunities for new experiences and were supported to develop the ability to make informed choices and learn skills that helped them with their daily living. For example, some residents had been supported to independently visit nearby shops and plans were under-way to help another resident to develop this skill as well.

**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:**
Arrangements were in place to support residents’ health care needs although some improvement was required to ensure residents had timely access to relevant services.

All residents had access to general practitioner (GP) services including an out of hour’s service. Residents had access to a range of allied health professionals including speech and language therapy, chiropody, occupational therapy and psychology. Records of referrals and appointments were maintained and recommendations were reflected in the resident’s personal plan. However, while staff had provided support for a resident that had experienced a personal bereavement this resident did not have timely access to bereavement counselling. Staff had identified and recommended that this service would be of benefit to the resident. Inspectors also noted that a different resident had not been referred to occupational health, as required. During the inspection, a staff member submitted this referral to the occupational therapy department.

Inspectors noted that an annual multidisciplinary review of residents took place which included the resident where possible, family, relevant members of the staff team and management. Each resident had an annual action plan in place that was kept under regular review. A health action plan had also been put 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 were being met and they were encouraged to make healthy eating choices. The inspectors found that measures were in place to monitor residents’ nutritional status and staff demonstrated knowledge of residents' dietary requirements. A nutritional assessment had been completed for each resident to identify if any resident was at nutritional risk. Referrals to the dietician or speech and language therapist had been made as required and staff showed how their recommendations had been used to inform practice. The inspectors saw that a menu planner was in place for residents along with specific guidelines and cooking tips for residents on modified diets.

Residents were supported by staff to participate in food preparation and appeared to enjoy their meals. Some residents indicated to the inspectors that they enjoyed their meals and told the inspectors what their favourite foods were. The inspectors noted that these foods were included in the menu plans. Pictures of meals choices were also used to assist some residents to make meal choices.
Residents had ready access to the kitchen, drinks and snacks at all times and this was observed during the inspection.

**Judgment:**
Substantially 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:**
Systems were in place to protect residents in relation to the management of their medication although some improvement was required. Operational policies were in place to inform staff practice in relation to the ordering, prescribing, storing and administration of medicines to the resident. Records were maintained that confirmed residents’ prescriptions were regularly reviewed by their GP.

Inspectors viewed a sample of medication records and procedures for the storage and disposal of medication. Overall, appropriate medication management practices were in place guided by the centre’s policy. However, some residents' medication records did not contain all of the required information to allow staff to consistently administer medications safely. For example, medications that had been discontinued had not been signed, as required.

Medication stock levels were regularly audited and the sample checked by the inspector in conjunction with a staff member tallied with the corresponding record. Processes were also in place for the safe disposal of unused medications.

At the time of inspection, 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. The inspectors noted that protocols were in place to guide staff on when to administer PRN (as required) medication which included the maximum dosage to be taken in a 24 hour period.

Measures were in place to ensure any medication that required refrigeration was appropriately stored.

Staff involved in the administration of medications had attended appropriate training in this area.
Judgment:
Substantially Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
There was a written statement of purpose that accurately described the service provided in the centre.

Inspectors found that this document complied with the requirements of the Regulations.

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 quality of care and experience of residents was monitored and developed on an ongoing basis. Overall, the management systems in place supported and promoted the delivery of safe, quality care services. However, an annual review of the quality and safety of care and support had not yet been completed. There was a defined
management structure in place and those spoken with were clear of their roles and responsibilities within this structure. At the time of inspection, the person in charge was on leave and as detailed in Outcome 15, inspectors met with members of the management team and staff that were deputising in his/her absence.

There were clearly set out roles and responsibilities within the management structure, along with evidenced communication between the person in charge, persons participating in the management of the centre, the provider nominee and other key personnel such as the multidisciplinary team. For example, regular and minuted meetings, quarterly reports and critical incident reviews took place.

Inspectors noted that there was a system of oversight and review in place in the designated centre. However, an annual review of the care and support provided to residents had not yet been completed. The regional service manager showed an inspector evidence that this review had commenced and confirmed that the provider had set a completion date for this report by end October 2015. Other measures had been taken to review and monitor the service. The provider arranged for the centre to be audited twice yearly by managers within the organisation including the regional service managers. The inspector viewed a sample of these audits and found that findings had been used to drive improvement and develop the quality and safety of the service. The person in charge had also completed some internal monitoring and review of the service. This included completion of the ‘front line manager work plan’, review of accidents, incidents and audits of areas including medication management.

**Judgment:**
Substantially 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:**
Adequate arrangements were in place for the absence of the person in charge. In the event of an absence, the regional service manager would assume responsibility for the management of the centre and the social care worker on duty would assist in the completion of this role. The regional service managers were 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.
At the time of inspection, the person in charge was on leave and the regional service manager had taken on the role of the person in charge. This manager had recently taken up this position and was supported in his role by an experienced regional service manager that had oversight of this centre and had also fulfilled the role of person in charge. The inspector met with both managers and found that they were familiar with the regulatory responsibilities of the person in charge. During part of the inspection, additional assistance was also provided by a social care worker that worked extra hours. Inspectors were informed that this was to assist in the inspection process. Inspectors found that this staff member was organised and knowledgeable of the residents' needs and wishes.

**Judgment:**
Compliant

### Outcome 16: Use of Resources

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

**Theme:**
Use of Resources

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

**Findings:**
The inspector found that there was sufficient resources to support residents achieve their individual personal plans. The centre was resourced to ensure delivery of care and support in accordance with the Statement of Purpose. However, as detailed under Outcome 7 some required works had been identified but funding had not yet been approved to complete these works.

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.*
<table>
<thead>
<tr>
<th>Theme:</th>
<th>Responsive Workforce</th>
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**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
Staffing arrangements in the centre appeared to adequately meet residents' assessed needs. Inspectors viewed a sample of staff rosters and saw that there was flexibility in the allocation of hours to facilitate residents' needs and choices. The inspector saw that staff were well known to residents and that residents appeared comfortable in their company.

Staff had been recruited, selected and vetted in accordance with the requirements of the Regulations to ensure that staff employed in the centre were suitable to work with vulnerable adults. Inspectors reviewed a sample of staff files and found that they contained the required information as set down in Schedule 2 of the Regulations. This included photographic identification, references and Garda vetting.

There were appropriate arrangements in place to ensure that all staff had received formal supervision and support on a regular basis. Staff meetings took place regularly and were used to share information and staff felt they could bring up any issues through this forum. Copies of the regulations and the standards were readily available in the centre.

The inspectors noted that staff had access to ongoing training and records were maintained of staff training. Staff spoken with and training records reviewed demonstrated that most staff had carried out up-to-date mandatory training and had been facilitated access to education and training to meet the needs of residents. One remaining staff member had been scheduled to attend training on the management of potential behaviours that challenge. This training was due to take place on 25 September 2015. The organisation had identified fire safety, abuse prevention, behaviour that is challenging, manual handling and first aid as mandatory training. Staff had completed additional training on areas including food and nutrition. While staff had attended training on diabetes, some identified the need for additional training and arrangements were in place to provided this training in early 2016.

There were a range of supports provided by health care professionals within the organisation. This included the services of a behavioural support specialist, social workers, dietician and speech and language therapist. The inspectors saw evidence of their input into residents’ personal planning and when deemed necessary, attendance at staff meetings to provide bespoke training for staff.

Volunteers attended the service and provided important additional support to some of the residents. Inspectors noted that the provider and person in charge had ensured that they were appropriately recruited, selected and vetting.
Judgment:
Compliant

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 as required by the Regulations were maintained in the centre and those requested by inspectors were made available during the inspection. The inspectors found that medical records and other records, relating to residents and staff, were kept in a secure manner.

During the course of the inspection, a variety of documents including the accident and incident log, staff files, medical records, and health care documentation were reviewed. Some improvement was required to ensure all documentation that related to the care of residents were fully completed with relevant details. During the inspection, the social care worker that assisted in the facilitation of the inspection addressed most issues raised by inspectors that related to residents' documentation.

Inspectors found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. For example, the directory of residents was up to date and contained the required information as set out in Schedule 3 of the Regulations.

The required written operational policies as detailed in Schedule 5 had been developed and were accessible to staff in the centre. There were also easy read versions of all policies available in the centre.

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

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-0001774</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>21 September 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23 October 2015</td>
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</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:

A restriction was in place which had been reviewed by management and staff but in the absence of feedback from the rights review committee, a decision had not yet been made.

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 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
The Rights Review Committee works to review and make recommendations on organisational imposed restrictions, most notably where there are concerns about duty of care and safety. It also provides advice and engages with staff to problem solve situations where rights restrictions are imposed by others outside of the organisation. In this case, this individual case will be prioritized for review with the committee when it sets out its workload for 2016. In the meantime, a referral will be made to the social work department to convene a meeting with the family and line management staff within the service to review the restriction and seek to remove it as soon as possible, notwithstanding any advice offered by the Rights Review Committee.

Proposed Timescale: 31/01/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some sections of flooring covering in the toilets/bathroom were defective and not readily cleanable.
One of the toilets was permanently stained and in need of replacement.

2. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
1 - The toilet in question will be replaced by 06/11/2015
2 – The flooring in question has been priced and will be replaced by 30/11/2015

Proposed Timescale: 30/11/2015

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:
During the inspection, the hot water supplied at the hand wash basins was extremely hot and this posed a risk of scalding.

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:**
A quote is in place to install anti-scald devices on sources of water supply within the home and once funding has been received from the funding authority the work will be completed.
In the interim staff are regulating water temperature by limiting the use of the immersion to key times of the day. This is also supported by signage throughout the home and is risk assessed in the hazard IDs.

**Proposed Timescale:** 31/01/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Adequate fire safety precautions were not in place throughout the centre.
Not all staff were clear about the procedures to follow in the event of a fire.
Sections of intumescent strips on a fire door had been painted over and this had the potential to impact on the effectiveness of this door in the event of a fire.
A requirement from the fire officer that related to the structure of the building had not been addressed. The fire officer had identified the need to double slab the ceiling in the centre. Prior to the inspection, the provider had submitted correspondence to the Authority outlining that he had made a submission for additional funding to address this issue.
A signposted emergency exit located in the dining room had been partially obstructed by furniture.

**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:**
1 - Fire Prevention & Safety Procedures & Protocols have been revised with all staff in team meetings and such revision will form a part of regular team meetings and will be documented in minutes.

2 – The intumescent strip in question was replaced on 27/10/2015

3- A quotation for the double slabbing of the ceiling has been gained and forwarded to the funding authority. This work will be carried out once funding has been received.

4 – The item of furniture in question has been moved to create better access to fire exit. This was completed on 26/09/2015
### Outcome 11. Healthcare Needs

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While staff had provided support for a resident that had experienced a personal bereavement this resident did not have timely access to bereavement counselling.

**5. Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
The service user in question began bereavement counselling on 19/10/2015 and is ongoing.

**Proposed Timescale:** 19/10/2015

### Outcome 12. Medication Management

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents' medication records did not contain all of the required information to allow staff to consistently administer medications safely.

**6. Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
An audit of medication records has been carried out on 18/10/2015 and medication records have been completed and contain all of the required information.

**Proposed Timescale:** 18/10/2015

### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review of the quality and safety of care and support had not yet been completed.

7. **Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**
The Annual Review of the service was completed on 23/10/2015

**Proposed Timescale: 23/10/2015**

<table>
<thead>
<tr>
<th>Outcome 18: Records and documentation</th>
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<tr>
<td><strong>Theme:</strong> Use of Information</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>Some documentation that related to the care of residents were not fully completed with required details.</td>
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8. **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:**
A review of all IPs has been completed and all documentation is appropriately signed and dated.

**Proposed Timescale: 15/10/2015**