## Health Information and Quality Authority

### Compliance Monitoring Inspection report

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003702</td>
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<tr>
<td>Centre county:</td>
<td>Mayo</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Western Care Association</td>
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<tr>
<td>Provider Nominee:</td>
<td>Bernard O'Regan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Thelma O'Neill</td>
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<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>13</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 31 August 2015 11:00
To: 31 August 2015 16:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This was the first inspection of this centre carried out by the Health Information and Quality Authority (Authority). The inspection was conducted in response to a number of notifications regarding safeguarding of residents and the receipt of unsolicited information pertaining to inadequate staffing levels; particularly at the weekends. The inspector visited the centre unannounced in order to view practices and facilities in place and to ascertain if there were robust management procedures for safeguarding and safety of the residents living in the centre.

This centre comprises of four houses in the Ballinrobe area of Co. Mayo, it provides residential and day services to residents ranging in age from 25- 65 years and is managed by Western Care Services. The inspector visited two of the four houses on this inspection, but focused primarily on the services provided in one house in this designated centre. The inspector reviewed five outcomes on this inspection, Outcome 1; Rights, Dignity and Consultation, Outcome 7; Health and Safety and Risk Management and Outcome 8; Safeguarding and Safety and Outcome 14. Governance and Management and Outcome 17 Staffing. The Inspector found good levels of compliance across all five Outcomes with Outcome 7, &14, deemed to be compliant and Outcome 1, and 8 and 17 substantially compliant.

The Authority had received a number of notifications from the centre in respect of safeguarding of residents. The inspector reviewed documentary evidence provided by the person in charge that these safeguarding issues had been investigated internally by multi-disciplinary professionals and all were unsubstantiated and that
that these were behavioural/communication issues. The Authority had also received unsolicited information regarding inadequate staffing at the weekends in another one of the houses in this centre. Following a review of the staffing levels at the centre and from discussions with the person in charge, it was clear that this issue had been adequately addressed.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act
2007 (Care and Support of Residents in Designated Centres for Persons
(Children And Adults) With Disabilities) Regulations 2013, Health Act 2007
(Registration of Designated Centres for Persons (Children and Adults with
Disabilities) Regulations 2013 and the National Standards for Residential
Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
The inspector found there was good practices in relation to residents' rights and dignity
and consultation; however, environmental constraints were identified in one house
which impacted on the residents living in that house from having individual space, or a
spare room to have some quite time alone.

On the day of inspection; the inspector observed one resident's communicating with a
staff member and saw that the resident's rights and dignity was respected. For example;
they supported the resident on a individualised basis and carried out care practices in a
way that maintained residents' dignity. Staff answered inspectors' questions about
residents' in a respectful way.

Residents had opportunities to participate in activities that were meaningful and
purposeful to them and suited their needs, interests and capabilities. Some examples of
supports activities were bowling, swimming, walking, arts and crafts, attending sporting
events and concerts. All residents had day activities that met their individualised
assessed needs and abilities. For example; one individual had the opportunity to attend
a day service two days a week, which the resident enjoyed as it provided opportunity to
meet other people, the other days they received an individual service from their home;
other residents in this service had a five day occupational programme and received
occasional respite in this designated centre.

All resident’s had their own bedrooms, except one shared bedroom which was only used
for respite by two brothers. Residents' bedrooms had ample storage space which could
ensure residents had control over their personal belongings. Bedrooms were generally
decorated by the residents with support from family and staff members and there was
good evidence that the residents had opportunities to choose their personal possessions
in their bedrooms. Some residence's had space for residents to meet with visitors in
privacy and comfort but one house did not have a separate sitting room space where
they could meet visitors in private or to have some quite time alone.

The placements of some residents living together was also being reviewed to ensure
that the service provided met their needs as environmental constraints were an issue.
Staff told the inspector that on three nights a week, two persons received respite in this
centre. These nights, the noise level in the house escalated as there were additional
people staying in the house and it was found to be impacting on some of the service-
users behaviours.

Complaints were well managed. The complaints procedure was kept in a prominent
position in the centre. Residents had access to an easy to read complaints policy. The
‘person in charge had a responsibility to review complaints. This was to ensure residents
were not at risk of abuse and that response to complaints was prompt and effective.
There were no open complaints at the time of inspection. Previous complaints recorded
in the complaints log book had been addressed to the satisfaction of the complainant.

Judgment:
Substantially Compliant

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

Theme:
Effective Services

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

Findings:
The Inspector reviewed a sample of risks in the centre. The inspector found that risks
were assessed and control measures were in place and appropriately reviewed. For
example, a risk assessment identified a resident's unawareness of the dangers of traffic,
and the risk assessment was a tool used to ensure that staff were aware that the
resident could walk out in front of moving vehicles and get injured. Associated control
measures were in place to ensure residents’ safety and all staff supervising this resident
were aware of the risks. Other risks associated with this resident's behaviour were
identified in a behavioural management plan which had proactive strategies and reactive
strategies in place and the risks and control measures in place were risk assessed.
These risk assessments and behaviour management strategies lessened the likelihood
for residents to be seriously injured should they engage in behaviours that challenge.

Day and night time drills had been carried out. Staff spoken with demonstrated
knowledge of how they would contain a fire within the centre and also how they would
evacuate residents from the centre. All residents had personal emergency evacuation plans in place which detailed the specific supports each resident would require in the event of an emergency evacuation of the centre. The person in charge of the centre outlined to the inspector that there had been a number of drills carried out in this centre from which adaptations had been made to the evacuation procedure to make it more robust. The residents’ personal evacuation plans had been updated to reflect the learning from the drills to ensure evacuation procedures were safer, more efficient and effective.

Judgment:
Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

*Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

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

**Findings:**
The inspector reviewed the organisation’s policies and procedures in place to protect residents from being harmed or suffering abuse, and found that a description of the types of abuse were identified in the policy. The designated person was also identified in the policy and their role was to ensure that appropriate action and responses would be taken in the event of an allegation of abuse. Their role was to review complaints of any type of abuse, neglect, mistreatment or exploitation and investigation of same. Prior to the inspection, a number of allegations of safeguarding issues were notified by the person in charge to the Authority. All had been investigated and found to be unsubstantiated.

The inspector reviewed behaviour support plans for residents living in the centre. They followed a multi-element model of positive behaviour support. There were no restraint practices in use in the residential unit. However, staff support resident's while out walking in the community, and may physically support them as a safety measure to make sure that they do not walk onto the road in front of traffic. There was evidence to show environmental issues contributed behaviours that challenge. Discussions had taken place and some were on-going with residents' and their families, regarding the future plans for some residents living in this centre, to ensure that the services provided were meeting the residents needs.
The inspector was told that a resident displayed behaviours that challenge particularly when out in the local community and on occasions refused to leave a shop or walk back to the house. On some occasions, the staff had sought help from the person in charge as the individual was displaying verbal aggression, towards them or members of the public. The inspector found that there was a behaviour support plan and a stress reduction plan in place, to support staff managing incidents of aggression and behaviours that challenge for this resident. These support plans ensured that there was a consistent approach used by all staff when managing these incidents. The staff followed the behavioural support plan in place, to support this individual and reported any adverse incidents in the resident’s notes and incident recording book. The inspector was told that this was important to ensure that all staff followed a consistent approach to managing this resident’s behaviour. The inspector also found that a behaviour support specialist provided regular support and direction to the staff working in the centre, and was available to support the staff, by offering advice and updating behavioural support plans and stress reduction plans as required.

Following a recommendation of the multi-disciplinary team in January 2015, the Speech and Language Therapist had completed an initial assessment and recommended that a full communication assessment be completed over a period of four to six weeks to assess a resident’s ability to communicate effectively. This was scheduled to happen over the summer, but to-date this assessment had not yet happened. The inspector found that although the staff had attempted to introduce a pictorial time schedule for this resident, the resident had refused to engage in such an activity. The inspector also found that it was difficult for staff to initiate a communication strategy in a cohesive or planned manner without training in alternative communication techniques. The inspector was told that the Speech and Language Therapist had suggested to staff that a possible alternative communication language/system, may aid this individual’s communication skills; however, the communication assessment was required prior for any new systems being implemented. This is actioned under outcome 17 staff training.

**Judgment:**
Substantially Compliant

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
This centre has capacity for 12 full-time placements in the four houses, including six respite beds per night. There was one vacancy in the centre. There was a clearly defined management structure which identified the lines of authority and accountability within the centre. The person in charge role was supernumerary and they manage one designated centre, which includes four houses. She reports to a Regional Manager who she meets at least monthly and records of supervision meetings are kept of these meetings. The Inspector was also told they regularly communicate via the telephone and emails and documentary evidence was shown of this.

The person in charge showed evidence of visiting the houses unannounced and documentary evidence viewed, did not show that there was any issues of concern identified following these visits. These records showed the inspector that the person in charge was engaged in the governance and operational management and administration of the centre on a regular and consistent basis. The person in charge showed documentary evidence to the inspector of the actions she had taken following notification of allegations of safeguarding issues.

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:
Prior to the inspection the Authority had received unsolicited information regarding inadequate staffing in one of the houses in this centre. On this inspection the inspector reviewed the staffing levels in two of the houses and found that they were sufficient to meet the needs of the residents.

Residents receive continuity of care and staff had received training in mandatory courses. It was identified that staff required additional communication training to implement a new programme that the Speech and Language therapist was recommending for a particular resident.

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:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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

Centre ID: OSV-0003702

Date of Inspection: 31 August 2015

Date of response: 15 October 2015

Requirements

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

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

Outcome 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:

Environmental constraints were identified which were impacting on resident’s behaviours. There was no visitor’s room or a second sitting room for the resident’s to meet family or friends in private, or to relax and have some quite time alone in the house.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. 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:
• As an interim solution the person in charge will review, and reorganise the dining room area to provide a multifunctional room that can be used outside of mealtimes for relaxation and entertainment purposes. This will be completed by Friday 16th October 2015.
• The Person in Charge has engaged with an Architect who will visit the designated centre on Friday 16th October to evaluate the possibilities of development within the current building and garden.
• It is proposed the Architect will draw up plans with proposals and present to Person in Charge and management by December 31st 2015.
• The Person in Charge will source costing for the plans by January 31st 2016 and will send a progress report to the inspector at this time.

Proposed Timescale: 31/01/2016

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A therapeutic intervention such as a communication assessment was not completed as recommended by the members of the Multi-disciplinary team.

2. Action Required:
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
The assessment has been scheduled to begin on November 2nd, 2015. This is to facilitate the person concerned to be able to attend for six consecutive sessions on the same day each week in order to fully support his need for a consistent routine.

Proposed Timescale: 07/12/2015

Outcome 17: Workforce
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not been provided with the appropriate training in alternative communication
systems to aid them communicate with the resident more effectively and to reduce allegations of abuse and behaviours that challenge.

3. **Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
The outcome of the above in-depth assessment will determine this person’s level of understanding. It will enable clear guidance to be given to staff to set out how best to foster his communication. Training on this basis will then be provided to staff. The outcome will also be shared with the Designated Person to ensure that the reporting process in relation to any allegations of abuse made by this individual is fully informed by this work.

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