

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Western Care Association
<b>Centre ID:</b>	OSV-0001752
<b>Centre county:</b>	Mayo
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Western Care Association
<b>Provider Nominee:</b>	Bernard O'Regan
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	1

## 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 22 June 2016 09:50 To: 22 June 2016 16:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to the inspection**

The purpose of this monitoring inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Nine of the eighteen outcomes were reviewed at this inspection and the inspector reviewed the actions the provider had undertaken since the previous inspection.

**How we gathered our evidence**

As part of the inspection, the inspector met with residents, the person in charge and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, the risk register and staff files. During the course of the inspection the inspector met with all of the residents living in this centre. Residents stated that they enjoyed living there and they also confirmed that they were treated well by staff, felt safe, had good access to their general practitioners and enjoyed their meals in the centre. They also discussed their social care and told the inspector of many activities that they participated in and enjoyed in the local community and in their resource centres. In addition, residents told the inspector how they participated in the running of their home and had involvement in decor,

shopping, meal planning, household duties and their laundry.

#### Description of the service

The centre comprised of one house and was located in a quiet area close to the centre of a busy town where residents could access shops, the pharmacy and a range of other facilities. The house was well maintained and comfortable and with suitable communal spaces and an accessible garden. The service was available to three adult men and women who have intellectual disabilities.

#### Overall judgment of our findings

The inspector found that the provider had put system in place to ensure that the regulations were being met. This resulted in positive experiences for residents, the details of which are described in the report.

Good practice was noted throughout the service. All of the nine outcomes reviewed at the inspection were found to be compliant and any issues identified at the previous inspection had been suitably addressed.

The outcomes where good practice was noted were:

- suitable service contracts were in place for all residents (outcome 4)
- residents were supported to achieve their social care interests (outcome 5)
- the premises was safe and suitable (outcome 6)
- there were measures in place keep residents safe (outcome 7 and 8)
- residents' health care needs and nutrition were promoted (outcome 11)
- there were safe medication management practices in place (outcome 12)
- there were measures to improve the quality and safety of care (outcome 14)
- staff were available to support residents' needs (outcome 17).

The reasons for these findings are explained under each outcome in the 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 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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

This outcome was not examined in full at this inspection, but the actions from the previous inspection were reviewed.

During the last inspection the inspector found that service agreements required improvement and this had been addressed. On this inspection the inspector found that the required information, as identified at the previous inspection, was now included in the service contracts. For example, the contracts now clearly identified which expenditure was covered by residents' monthly contributions. In addition, the content of service contracts was agreed and signed by residents.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' wellbeing and welfare was promoted through a good standard of care and support.

The arrangements to meet each residents' assessed social and personal needs were set out in individual personal plans. These had been developed in consultation with the residents, key workers and family members at annual personal planning meetings. The inspector found personal plans were developed to a high standard, were person centred and were focussed on improving the quality of residents' lives.

Residents' personal plans identified health and social care needs and provided detailed guidance on how to meet these needs. Care plans were based on assessments and the plans were updated in response to any changes in residents' needs. Residents' files contained information relating to areas such as health and social care, personal risk assessments, individual emergency evacuation plans and medication requirements.

Residents' individual goals were clearly identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to. The person in charge ensured that support was provided to meet these goals. Equipment, technology, staff and transport were available to residents to support them in achieving their goals. The goals in progress were meaningful to residents. For example, staff were working with one resident to hold an art exhibition of their work in the local community.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

This outcome was not examined in full at this inspection, but the actions from the previous inspection were reviewed.

During the last inspection the inspector found that the structure of the building was defective and this had been addressed.

Since the last inspection the provider had arranged for structural works to be undertaken to address the identified problem. This work had been satisfactorily completed and the person in charge showed the inspector a report from an external engineering company confirming the suitable works had been undertaken and that the property is now fit for purpose.

During the previous inspection, the centre was found to be homely, comfortable, pleasantly decorated and well maintained both internally and externally. On this inspection the inspector found that this standard was being maintained.

**Judgment:**  
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):**

No actions were required from the previous inspection.

#### **Findings:**

The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff.

There was a risk management policy and risk register which identified measures in place to control identified risks including the risks specifically mentioned in the regulations. In addition to environmental risks, personal risks specific to each resident were identified and control measures documented in residents' personal plans. Systems were in place for the regular review of risk and the risk register had been reviewed by the person in charge in May 2016.

The inspector reviewed fire safety procedures. There were up-to-date servicing records for all fire fighting equipment and the fire alarm system. All staff had received formal fire safety training. Three fire evacuation drills had taken place in 2016, one of which was during night-time hours. Records of all fire drills were maintained which included the time taken and comments recorded for learning. Records of drills indicated that all evacuations had taken place promptly. One resident demonstrated to the inspector what they would do on hearing the fire alarm. They also confirmed that they would hear the fire alarm and that it would awaken them when they were asleep.

All internal doors within the centre were fire doors which offered one hour resistance to the spread of fire.

Systems were in place for weekly checking of fire exits, the fire alarm panel, fire extinguishers, fire blankets and emergency lighting and these checks were being recorded. The procedures to be followed in the event of fire were displayed.

There were emergency plans which provided clear guidance to staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation. Individual evacuation plans had been developed for each resident.

All staff had received up to date training in moving and handling, although at the time of inspection residents did not require assistance to mobilise.

**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):**

No actions were required from the previous inspection.

### **Findings:**

The inspector found that there were systems in place to protect residents from being harmed or abused.

There was a policy on the safeguarding of adults with a disability from abuse and there was a training schedule which ensured that each staff member had attended training in prevention of abuse. One recently recruited staff member was scheduled to attend this training within the following week. A member of the management team, who spoke with the inspector, confirmed that she had received training in relation to adult protection. She was knowledgeable regarding her responsibilities in response to an abuse allegation.

There was a policy to guide staff on responding to behaviours that challenge. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans were developed by the person in charge and the organisation's



behaviour support therapist and included prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies.

The inspector observed staff interacting with residents in a respectful and friendly manner.

There were no residents using bed rails or any other form of physical restraint.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

#### **Findings:**

The inspector found that residents were supported to achieve good health through care planning, access to health professionals and monitoring of their individual health care needs.

Residents had access to their own general practitioners (GPs) and were reviewed, as required, by health professionals including dentists, audiologists, dieticians, speech and language therapists, physiotherapists and psychiatrists. Outcomes of consultations were recorded in residents' personal plans. Residents also received an annual medical check up and influenza vaccination.

A nutritional screening assessment tool was used by staff to assess residents' nutritional risk. On the previous inspection, the recording of residents' Body Mass Index (BMI) had been inconsistent and this had been addressed. Residents had been referred to a dietician for recommendations based on nutritional assessment outcomes.

There were supports for any resident identified as being overweight, which included review and advice by a dietician, care planning and support from staff to maintain a healthy eating and exercise routine. For example, one resident went for daily walks and used an exercise machine in the centre, while another had joined a local walking group. One resident told the inspector that staff had recently assisted them to buy a suitable pair of new trainers for walking. Records indicated that these plans were effective and that both residents had achieved weight loss. One resident told the inspector that they were proud to have achieved considerable weight loss. The inspector viewed one resident's food guide which was user friendly with clear pictorial content.

Residents chose what they wanted to eat and did their own shopping with support from staff. During the inspection, residents told the inspector that they were very happy with the food in the centre and confirmed that they were involved in shopping for and preparing their meals.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector found that there were safe medication management practices in the centre.

There was a medication management policy to guide staff. Records indicated that all staff had received medication management training. There were appropriate systems in place for the ordering, storage and return of medications. Each resident had a secure individual medication cupboard. Some residents were supported by staff to go to the local pharmacy to collect their own medication.

The inspector reviewed a sample of prescription/administration charts and noted that they contained the information required to enable staff to safely administer medications. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There were colour photographs of each resident available to verify identity if required. The maximum dosage of as required (PRN) medications was prescribed and clear and informative protocols for the administration of PRN medications had been supplied by the pharmacist.

Assessments for self-administration of medication had been carried out for all residents and based on the outcomes of the assessments residents partially administered their own medication under the supervision of staff.

The person in charge was clear on the procedure to be followed in the event of a medication error.

At the time of inspection there were no residents prescribed medication requiring strict controls, no residents required their medication crushed and there was no medication requiring temperature control.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was an effective management structure in place which supported the delivery of safe care and services.

The person in charge was experienced and suitably qualified for her role. During the inspection the person in charge demonstrated knowledge of the regulations and was clear about her role and responsibilities and about the management and reporting structures in the organisation. She knew the health and social care needs of the residents and demonstrated a clear commitment to improving the service offered to these residents.

There were suitable arrangements in place to cover the absence of the person in charge and there were on-call arrangements when the person in charge was not available.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service and stated that they could discuss any issues with the person in charge and other staff.

There were systems in place for monitoring the quality and safety of care. The person in charge and the regional service manager carried out audits of areas such as health and safety, medication management and care planning documentation on a routine basis. Unannounced audits were also carried out twice each year to review the quality and safety of care. The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service. A detailed work plan had been

developed to address any discrepancies identified during the most recent audit.

In addition to these unannounced audits, there was also a planned audit schedule for 2016, which included a range of audits such as medication management, personal planning, finances, staff files, incidents and training.

An annual review of the quality and safety of care and support had been undertaken by the provider in 2015.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had been suitably recruited and had received a range of training appropriate to their roles.

Staffing levels were based on the needs of residents and were determined by the experience of the person in charge and reviews of residents' needs. Staff were present to support residents at all times both in the centre and when they wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for a walk or to attend social or sporting events. Staff also accompanied residents for outings, such as concerts and trips away. Separate staff supported the residents while in their resource centres.

There was a planned and actual staff roster which the inspector viewed and found to be accurate. There was one staff member on sleepover duty at night time. Residents told the inspector that staff were always available to support and care for them.

A range of training was provided and training records indicated that staff had received training in fire safety, adult protection, first and manual handling, all of which were mandatory in the organisation. In addition, staff had also received other training such as training in medication management, behaviour management and food and nutrition.

The inspector found that staff had been recruited, selected and vetted in accordance with the requirements of the regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the regulations such as suitable references, photographic identification and employment histories.

**Judgment:**  
Compliant

### **Closing the Visit**

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

#### **Acknowledgements**

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

#### ***Report Compiled by:***

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