### 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-0001754</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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<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>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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 1 day(s).

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

From: 02 December 2015 10:30
To: 02 December 2015 20:00

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

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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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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

This designated centre was operated by the Western Care Association and was a single residential community house, providing full time residential care to five residents.

This inspection was to assess this service for compliance for registration with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (referred to as the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (referred to as the Standards).
The inspection took place over one day. As part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident/incident logs, policies and procedures and staff files.

The inspector found that most residents attended day activities in the local day service and some residents received additional staff supports as required from their home, resulting in a person centred service for residents.

Thirteen outcomes were fully compliant; four outcomes were found to be in moderate non compliance and one outcome was major non compliant. While there was good evidence of compliance with many outcomes, the premise required major renovation to adequately meet the needs of the residents. The Area Manager confirmed that the management team were aware of the situation and planned to rectify the issues.

The inspector identified that a resident's privacy and dignity was compromised and bathroom facilities were inadequate and posed a risk to the residents'. The inspector found evidence in multidisciplinary reports that some of these issues were on-going since 2008 and were not adequately addressed by the senior management who were responsible for the upkeep of the premises and allocation of resources to this centre.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.
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:
Residents' were consulted and participated in decisions in relation to their health and social care, and in the planning and organisation of the centre. Residents' were enabled to make choices about how they lived, in a way that reflected their individual preferences and diverse needs.

Resident’s meetings were held regularly with documented minutes maintained and reviewed by the inspector. The minutes showed residents' involvement in the running of the centre and indicated residents were satisfied with the service provided.

Complaints were well managed. The complaints procedure was kept in a prominent position in the centre inside the front entrance. Residents had access to an easy to read complaints policy. Contact details and a photograph identified the ‘designated person’ for residents to contact if they had a complaint. The ‘designated person’ had responsibility to review complaints. This was to ensure residents were not at risk of abuse and that response to complaints was prompt and effective. The inspector reviewed the complaints log for the centre. There were no open complaints at the time of inspection. Two complaints were documented in the log. These had been addressed to the satisfaction of the complainant.

Resident’s belongings were respected and residents were given the facilities to safeguard personal possessions. The inspector reviewed how resident’s finances were managed in the centre. Each resident had an individualised financial risk assessment completed. This assessment identified the residents’ ability to manage their finances and the level of support they required. Residents requiring assistance with their personal
finances had these needs written in their personal plans and the type of assistance that was needed.

There was also a log of items residents had bought from their home or new items purchased since admission with receipts as proof of purchase. The inspector found that residents had contributed towards the purchase of a vehicle for their use however, there was no contract of part ownership drawn up to acknowledge the residents contribution towards the purchase of the vehicle. There was also no guideline as to vehicle charges to be incurred by residents' monthly/yearly for the up keep of the vehicle and the compensation that would be provided to residents in the event of their discharge from the centre.

Residents were supported by staff to attend their day service placements five days a week. Activities were available in and out of the centre and were age appropriate and reviewed regularly through consultation with residents. On the evening of the inspection the inspector saw residents engage in relaxing activities such as; watching television and attending activities out of the centre, for example, going to town for a walk.

Residents privacy and dignity was generally well respected, although, one resident’s was sleeping downstairs in a room previously used as a sitting room. This impacted on the all of the residents' communal space. Also; there was a lack of privacy for the resident using the bedroom, as there were double glass doors in this room which potentially invaded the resident’s privacy and dignity in their bedroom. In addition; the use of this room as a bedroom had removed the facility available to the other residents’ to have access to a quiet space or to meet visitors in private in the house.

**Judgment:**
Non Compliant - Moderate

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**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:**
Residents were supported to communicate at all times in the centre. Effective systems were in place that ensured their individual needs were met.

The organisation had a communication policy. The policy was in an easy to read format for residents and was made available in the centre. The policy set out to address the communication needs of residents. It outlined an approach to be used that created
successful communication between people with different levels of communication ability and outlined the supports available to implement the policy.

Each resident had an individualised communication profile in their personal plan. This documented the resident’s comprehension abilities and their preferred style of expressing themselves, for example, their use of gestures, eye contact or spoken language.

Some residents had access to televisions in their bedrooms and also in communal areas. There was a notice board in the centre indicating the daily/weekly routine of the house. This indicated what events were taking place in the local community.

Some residents were supported through the use of pictures to tell them what activities were planned for the day. Other residents used communication books which were used between the resident’s home, respite and day service. These communication books were in picture format and helped the resident in understanding their planned day.

**Judgment:**
Compliant

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**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 encouraged to have positive relationships with their families and friends, the person in charge indicated that their visitors were encouraged. The organisation had a policy on visits to guide best practice.

Residents living in the residential unit were supported to maintain links with their family. They spoke about how important this was to them and how some residents enjoyed their weekly visits home with their family. However, there was a lack of private space for residents to meet visitors in private. This is actioned under Outcome 6 Safe and Suitable premises.

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

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

**Theme:**
Effective Services

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

**Findings:**
There were written agreements with residents, which dealt with their support, care and welfare in the designated centre. These also detailed the services that would be provided to them during their stay there. The residents' had signed a contract of care called an 'individual service agreement'. It outlined the resident’s weekly contribution for rent, reheating and electricity expenses. However, there was no contract signed with regard to the ownership of the vehicle and this needed to be reviewed.

Residents' admissions were in line with the Centre's Statement of Purpose. There was no vacancy at the time of inspection however, the person in charge advise the inspector that the needs/abilities and preferences of the residents already living in the house would be considered before any new admissions would be accepted into this centre.

**Judgment:**
Substantially 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:**
The inspector looked at the resident personal plans in place in this residential service and found assessments had been carried out as part of a person centred planning
process and personal outcome measures system. Of the plans reviewed during the
inspection, the inspector found residents were helped to identify and achieve their goals.
This happened through a ‘circle of support’ meeting. These were meetings that the
resident, their family and significant others in their life attended. Relevant clinicians and
staff working with the person also attended these meetings.

Personal plans for residents included their health plans, communication plans, speech
and language assessments and behaviour support plans. This ensured the information
and supports required by residents was comprehensive and there was an overview of
their individualised abilities/ needs and desires. This was important for continuity of care
and support for the residents.

The purpose of personal plans was to collectively discuss the resident’s goals and
aspirations. They discussed real and practical ways for the person and their support staff
to achieve these goals. These meetings were a way to assess progress made and to
acknowledge achievements. Residents were involved with the review of these goals and
the support required from family and staff members were also identified in plans
reviewed.

**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:**
This centre comprised of a two-storey, five bedroom house in Co Mayo. This house
required renovation to comply with the National standards and the Regulations.

Major renovations were required to this house to ensure compliance with the regulations
for registration. The inspector was told that the provider had commissioned the services
of an architect to support them with the extensive renovations they were planning to the
house. The renovations works included changing the rooms internally to meet the needs
of the residents. For example; the kitchen/dining/ utility, as well as the bathroom and
shower room upstairs all required renovations and an additional downstairs bedroom
was also required to meet the needs of residents living in this house.
The dining area and kitchen were combined and the inspector found the kitchen to be well equipped and clean with adequate food storage areas. However, the kitchen/dining room were small and lacked space for residents/staff to access and move freely around these rooms. There was also a smell of dampness in the utility, which the person in charge said was a result of a water leak some time ago.

One resident was moved downstairs for safety reasons, and the second sitting room was refurnished as a downstairs bedroom. This impacted on the resident's privacy and dignity; as there were glass doors between the bedroom and sitting room, which created the opportunity for others to see into the resident's bedroom. This move had also impacted on the other residents living in this centre as this previous communal space was no longer available to them.

There was a lack of usable space in the dining room and this presented difficulties at meal times for some residents, particularly for residents that required a low arousal environment due to their complex needs. As a response to the risks identified the resident's meal times were staggered due to a resident’s preferences to eat alone and to reduce the noise at meal times.

All bedrooms were for single occupancy, two of which were located on the ground floor and three bedrooms were on the first floor. The bedrooms were bright, well furnished and decorated in colour schemes of residents’ choice. Most residents had adequate personal storage space in their bedrooms and could lock their bedroom doors if they chose to. There was a downstairs toilet/shower room and on the first floor, there was a shower room and separate bathroom. However, at least two residents had difficulty in accessing the bath in the bathroom.

An Occupational Therapist (OT) had reviewed in one residents mobility needs in 2013 and 2015 and found that the bath did not meet the residents needs, as the residents' had difficulty in accessing the facilities. The OT had recommended a bath seat for a resident to sit on top of the bath as an interim measure however, renovation works were not complete to date. In addition; the shower in the shower room had no door or shower curtain in place and the water could splash out onto the floor which created a risk of residents falling.

Furthermore one resident was assessed by the OT for safety issues when using the stairs and was found to require constant supervision at all times by staff. Although this risk was risk assessed in the resident’s personal plan, there were no plans to move this resident downstairs to a ground floor bedroom for safety. This was evidenced by the OT report that this resident was at risk of falling down the stairs if not constantly supervised. In addition the bathroom upstairs did not meet their needs and they required a walk in shower for easy access to personal hygiene facilities.

Residents had access to the outdoors and there were secure enclosed areas at the rear of the premise, however, the garden requires maintenance works to ensure access is safe for residents.

Judgment:
Non Compliant - Major
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:
There was a health and safety risk management policy in place in this centre, and the inspector found that there was generally a proactive response to the management of risk while maintaining residents' independence.

A risk register was maintained and actions were identified to minimise hazards. However, the inspector found there were some incidents where the management of resident's personal needs and risks was inadequate. For example in 2008 one resident notes identified the individual as a falls risk and in 2013 and in 2015 they were assessed by an Occupational Therapist (OT). The OT found that the bathroom facilities were unsuitable for this resident, and at the time of the inspection the appropriate bathing facilities were not put in place to ensure the facilities were safe and accessible for all residents. In addition; this resident had also been assessed as having safety issues while accessing the stairs and require constant supervision on the stairs to prevent falls.

Potential risks and hazards in the centre were documented in the centre's ‘risk register’. However, a risk rating associated with the level of individual risks was not documented in some reports reviewed. The lack of an appropriate risk rating inhibited staff from identifying the actual risks of real or potential hazards in the centre at short notice.

Fire equipment had been serviced for the residential unit. Staff had received training in how to evacuate residents and there was an up to date record of fire drills completed in the past six months. Residents with specific needs had an individualised fire evacuation plan documenting the type of assistance they would need during an evacuation. The fire alarm system had been regularly serviced and no faults were detected.

Inspectors reviewed staff training records and found that most staff had received training in safe moving and handling of residents, or were in the process of having refresher training.

Inspectors reviewed accident and incident reports and found that accidents and incidents were being recorded and reviewed by the person in charge and preventative actions put in place to prevent recurrence.

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:**
There were no allegations of abuse currently under investigation in this centre. The Inspector reviewed the policies in place for the welfare and protection of vulnerable adults and the procedures for the prevention, detection and response to allegations of adult abuse in the organisation. The policy and governance documents described clear guidance for staff of their responsibility, in the event that they suspected any form of abuse. Staff members interviewed confirmed that they were aware of this policy, and where to locate it in the centre.

The organisation's policy also included the name and contact details of the designated contact person. Staff training in the protection of vulnerable adults was completed.

Inspectors found evidence that some residents that had challenging behaviours associated with their disability there were some incidents where residents were verbally abusive or had hit out at other residents. There was evidence that the compatibility of the residents living in the centre was an issue which had resulted in some incidents of peer on peer abuse.

Some of the residents in this centre displayed complex needs and appropriate physical examinations included; ECG’s, CT scans, eye tests, and dental checks to ensure that there was no physical causes for the behaviours displayed. In addition, assessments had taken place by the behavioural support team and individualised support plans were in place, to help reduce the incidents of behaviours that challenge. There were also incidents of self-injurious behaviours reported and reviewed by the behaviour support therapist, and findings were discussed with the behavioural psychologist and the consultant psychiatrist at the mental health clinics.

The person in charge advised the inspector of the environmental strategies used to minimise these incidents and measures were in place to move one resident into more suitable accommodation in the near future.

**Judgment:**
Compliant
<table>
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<th>Outcome 09: Notification of Incidents</th>
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<td><strong>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</strong></td>
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**Theme:**
Safe Services

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

**Findings:**
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All recorded incidents and quarterly returns had been notified to the Chief Inspector as required.

**Judgment:**
Compliant

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<th>Outcome 10. General Welfare and Development</th>
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<tr>
<td><strong>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.</strong></td>
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**Theme:**
Health and Development

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

**Findings:**
The inspector found that residents were supported to participate in social and day service activities to assist them to achieve their personal goals. Residents had opportunities for new experiences and to develop further skills in both their resource service and in the centre.

For example, all residents chose to attend weekly music and drama classes, swimming, cookery classes in the centre. One resident had a volunteer to accompany him to the local pub for a drink.

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

Theme:
Health and Development

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

Findings:
The inspector found that residents’ health care needs were met and they had access to appropriate medical and health care services. All residents had access to General Practitioner (GP) services in the local area. The inspector reviewed a sample of files and found that residents went to see the GP as required.

The organisation provided residents with access to a range of health support, including, Physiotherapy, Speech and language therapy, Occupational Therapy, Psychology, Psychiatry and Social work. Referrals were made as required and outcomes were recorded. Residents were supported and encouraged to eat healthy balanced diets and participate in regular exercise such as swimming and walking.

The inspector noted that residents' nutritional needs were well monitored and staff stated that none of the residents were experiencing weight loss. One resident regularly refused fluids and the staff kept a fluid balance record to ensure the resident received sufficient fluid intake.

Referrals to the Speech and Language Therapist and Dietician were made as required and the recommendations were implemented. There were plentiful supplies of food available which were wholesome and nutritious.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
The inspector found medication management met with good compliance and written operational policies and procedures were in place for the safe storage, administration and disposal of medications.

Medications were securely stored in a locked storage unit. No medications required refrigeration. Residents requiring crushed or modified consistency medications were prescribed, in liaison with resident’s General Practitioner and Pharmacist and this was documented and administered as required.

All staff had received training in the safe administration of medication.

Judgment:
Compliant

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

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There is a clearly defined management structure that identifies the lines of authority and accountability for the management of the service.

The person in charge was a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and she works full time between two designated centres. She demonstrated good clinical knowledge, good understanding of her legal responsibilities as required by the regulations and standards and she was very familiar with all residents who used the residential service.

The person in charge was supported by a team of social care staff and also has supervisory support from the Area services manager who in turn reports to the nominated person on behalf of the provider.

The inspector found that a system for monitoring the safety and quality of care and support provided in the centre including six monthly unannounced visits and an annual review of the service were in place. This requirement is described in Regulation 23(1) and (2).

The inspector found that the senior management were aware for a number of years that the premises was not meeting the residents needs and appropriate action had not been taken to rectify these issues when identified. For example; privacy issues, the lack of adequate communal facilities and mobility issues continue to be a concern in the centre. The renovations required in the kitchen/ dining/ utility, garden as well as the bathrooms and appropriate bedrooms were required to meet the residents' mobility and safety needs.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.
**Findings:**
The Person in Charge had not been absent for more than 28 days, however, the Area Manager told the inspector, should the Person in Charge be off duty for a period of more than 28 days alternative arrangements to manage the centre in her absence would put in place.

**Judgment:**
Compliant

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**Outcome 16: Use of Resources**
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**Theme:**
Use of Resources

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

**Findings:**
The facilities in the centre do not meet the residents' needs, and many of the communal rooms were inadequate. The inspector was told this was due to inadequate resources to complete the structural renovations required to complete the works required.

In addition; the organisation did not have the finances to provide transport to residents in this centre to bring them to and from social activities and residents had to purchase and pay for a transport vehicle and the costs of its upkeep and running costs from their individual money on a weekly/monthly basis.

**Judgment:**
Non Compliant - Moderate

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**Outcome 17: Workforce**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

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

Findings:
The inspectors reviewed the recruitment practices and found there were robust systems in place to ensure all the required documentation for staff employed in the centre was in place.

The inspectors studied four staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place.

The management team provided ongoing training to staff. Staff’s annual performance reviews were completed for 2015.

Staff meetings had taken place monthly. Staff had completed training in areas such as; in the Protection and Safety of Vulnerable Adults, Emergency Evacuation Procedures, Moving and Handling Procedures and Medication Management.

The staff rota clearly identified the hour’s staff were rostered to work over a 24 hour period. There were two staff rostered on day duty and two sleepover staff at night. This staffing level had been assessed to meet the needs of staff in the centre.

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:
The policies, procedures and records required by the regulations were in place and reflected the practices in the centre. Records were stored securely and were noted to be
complete, up to date and well maintained. The person in charge was aware of the requirement to retain records in accordance with the regulations and there was adequate storage for records in the centre. A directory of residents was maintained.

**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:**

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001754</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>02 December 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16 February 2016</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident’s privacy was limited. There were double glass doors between this resident’s bedroom and the sitting room.

The lack of useable space was impacting on the residents’ choice to meet visitors in private.

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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:**
• Maintenance Staff will block the double doors as an interim arrangement until the
  major refurbishment work is completed. The refurbishment plan will address this issue
  permanently. (26/2/2016)
• Staff will co ordinate visits to ensure either sitting room or kitchen is available for
  visitors. Each person’s family will be contacted to explore any issues that might arise in
  relation to privacy during visits and establish if there are actions that can be taken to
  address any concerns (26/2/2016)
• This will be written up in each resident’s Individual Plan. (26/2/2016)
• A plan and guidance for staff will be written up for unannounced visitors to the centre.
  This will accommodate space and privacy for resident and their visitors. (19/2/2016)
• The organisation has been trying to secure necessary funds from its funder in relation
  to necessary upgrades for these premises. We have drafted costed plans and have
  made a submission to the funder. While we have to receive notification of the necessary
  capital funding allocation, the organisation is committed to putting in place an
  alternative living arrangement for residents if no notification of funding is received by
  March 31st 2016
• In preparation for this, the provider continues to explore rented accommodation as an
  alternative option also. Any relocation of this service will be notified to the Chief
  Inspector as per the regulations.
• Building Plans for refurbishment will include 2nd sitting room which will provide
  additional room for visitors and residents to meet.
• The refurbishments will take four months to completion once commenced. (30/7/2016)

**Proposed Timescale:** 30/07/2016

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
1. Four residents' had contributed towards the purchase of a vehicle; but there were no
   contracts of part ownership drawn up to acknowledge the residents contribution
   towards the payment of the vehicle.

2. There were no guidelines in place, as to the charges to be incurred weekly/monthly
   by residents for the upkeep of their vehicle.

3. There were no agreements/guidelines in place as to the compensation that would be
   provided to residents for part ownership of the vehicle the event of their discharge from
   this designated centre.
2. **Action Required:**
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
The PIC will develop a contract of part ownership will be completed with each of the 4 residents, which will include clarifications on ownership and contributions for the upkeep of the vehicle

The individuals Service Agreement will include arrangements for compensation for each resident should they move from the service or sell the vehicle

A referral for Independent Advocacy has been made to support residents in this.- 15th February 2016.

**Proposed Timescale:** 18/02/2016

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents that contributed toward the purchase of a vehicle did not have a contract of ownership signed with all residents.

3. **Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
Contract of ownership with the required level of detail regarding ownership and charges will be completed and signed by each of the four residents and included in the ISA

A referral to independent Advocacy will be made to support residents in relation to this (15/2/2016).

**Proposed Timescale:** 18/02/2016
### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Bathroom facilities were inadequate to meet residents' needs and recommendations by the O.T were not implemented by the provider.

**4. Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**
Recommended equipment by the Occupational Therapist is in place to support a resident to safely access the bath.

The broken shower door is being replaced (19/2/2016)

Bathroom will be further refurbished within the house refurbishment plan.
- The organisation has been trying to secure necessary funds from its funder in relation to necessary upgrades for these premises. We have drafted costed plans and have made a submission to the funder. While we have to receive notification of the necessary capital funding allocation, the organisation is committed to putting in place an alternative living arrangement for residents if no notification of funding is received by March 31st 2016
- In preparation for this, the provider continues to explore rented accommodation as an alternative option also. Any relocation of this service will be notified to the Chief Inspector as per the regulations.
- Building Plans for refurbishment will include 2nd sitting room which will provide additional room for visitors and residents to meet.
- The refurbishments will take four months to completion once commenced.(30/7/2016)

### Proposed Timescale: 30/07/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
This centre did not comply with schedule 6 requirements.

**5. Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.
Please state the actions you have taken or are planning to take:

- The organisation has been trying to secure necessary funds from its funder in relation to necessary upgrades for these premises. We have drafted costed plans and have made a submission to the funder. While we have to receive notification of the necessary capital funding allocation, the organisation is committed to putting in place a plan for an alternative living arrangement for residents if no notification of funding is received by March 31st 2016.
- In preparation for this, the provider continues to explore rented accommodation as an alternative option also. Any relocation of this service will be notified to the Chief Inspector as per the regulations.
- Building Plans for refurbishment will include 2nd sitting room which will provide additional room for visitors and residents to meet.
- The refurbishments will take four months to completion once commenced. (30/7/2016)

Proposed Timescale: 30/07/2016

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:
Risks identified in relation to inadequate bathroom facilities and accessing the stairs were not adequately addressed in a timely manner.

6. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
Shower door is being replaced (19/2/2016)

A revised system for assessing and escalating risks for action is being finalised by the provider.

Proposed Timescale: 16/03/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Individual risks and control measures put in place were not risk rated.

7. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated
Please state the actions you have taken or are planning to take:
Personal Risk Management Plans will be completed to include risk rating.

Proposed Timescale: 18/02/2016

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:
Management systems in place did not ensure the service provided was adequate to meet the needs of residents.

8. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The organisation is reviewing the process for risk management and risk register to ensure a more effective system is in place, where risks are addressed in a timely manner. March 16th 2016

The organisation will put in place a more effective structure for facilities management 30 April 2016

Proposed Timescale: 30/04/2016

Outcome 16: Use of Resources
Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The services and the facilities in the centre do not comply with the objective outlined in the Statement of Purpose and require a review of the resources allocated to this centre.

9. Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.
Please state the actions you have taken or are planning to take:
• The organisation has been trying to secure necessary funds from its funder in relation to necessary upgrades for these premises. We have drafted costed plans and have made a submission to the funder. While we have to receive notification of the necessary capital funding allocation, the organisation is committed to putting in place an alternative living arrangement for residents if no notification of funding is received by March 31st 2016
• In preparation for this, the provider continues to explore rented accommodation as an alternative option also. Any relocation of this service will be notified to the Chief Inspector as per the regulations.
• Building Plans for refurbishment will include 2nd sitting room which will provide additional room for visitors and residents to meet.
• The refurbishments will take four months to completion once commenced.(30/7/2016)

Proposed Timescale: 30/07/2016