### 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-0001755</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>
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<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
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<tr>
<td>Support inspector(s):</td>
<td>Rachel McCarthy</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>5</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.
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: 27 April 2016 09:15
To: 27 April 2016 16:45

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
The purpose of this 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 inspectors reviewed the actions the provider had undertaken since the previous inspection.

As part of the inspection, the inspectors met with residents, relatives, and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files.

The centre comprised of a house which could accommodate up to five residents and an adjoining self-contained apartment for one person. Each unit had a separate main entrance. There was suitable communal space and an accessible garden. The service was available to adult men and women who have intellectual disabilities.

Overall, inspectors found that the provider had put systems 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 identified in areas such as:
• residents had suitable service contracts (outcome 4)
• positive social care was promoted (outcome 5)
• safe and suitable premises (outcome 6)
• health and safety and risk management (outcome 7)
• safeguarding and safety (outcome 8)
• sufficient staff on duty to deliver care to residents (outcome 17).

Substantial compliance was noted in governance and management (outcome 14) and workforce (outcome 17), but the following improvements were required:
• the governance hours of the person in charge (outcome 14)
• the recording of the staff roster (outcome 17).

The inspectors found that although there were arrangements in place to deliver a good standard of health care to residents, the assessment and management of nutritional care required improvement (outcome 11).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.
**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.**

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

Effective Services

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

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

**Findings:**

Contracts for the provision of services had been developed. The person in charge said that contracts had been agreed with all residents or their representatives. The inspector reviewed some contracts and found that they reflected the service provided. Since the last inspection the contracts had been revised to more accurately reflect costs to residents.

There was a policy to guide the admissions process and the person in charge explained how the admission process would be managed. The person in charge was fully aware of the need to manage any admissions having regard to the needs and safety of both new residents and the other residents in the centre.

**Judgment:**

Compliant

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tr>
<td>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.</td>
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**Theme:**

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

Findings:
The inspectors found that each resident’s social wellbeing was maintained by a high standard of care and support, although some improvement was required to the documentation of residents’ goals and aspirations and how these would be achieved. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue interests appropriate to their individual preferences both in the centre, at resource centres and in the community.

All residents had personal plans which contained important information about the residents’ backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident’s individual health and social care needs which included communication plans, speech and language assessments and behaviour support plans.

Each resident had an identified ‘circle of support’ consisting of their families, friends and key workers. These groups met annually to discuss and plan around issues relevant to the resident’s life and wellbeing and to set goals for the coming year. As this was a respite service, the planning of goals was separated into goals to be achieved in either of three areas. Goals were identified to be achieved in the family home, in the day services and in the centre. Due to the intermittent nature of this service, each resident only spent a few days in the designated centre each month, work on most of the goals was being undertaken at home or at day services.

There were a range of developmental activities, such as art, cooking and gardening, taking place in resource services and residents’ involvement was supported by staff. Residents also participated in sporting and social events through the resource services and these included swimming, going out for meals and coffee and to the cinema and shopping. One resident who met with the inspectors was going to out to work in a local business which she said that she enjoyed.

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:
The design and layout of the centre suited the needs of residents. During the previous inspection, the inspector found that the centre was warm, clean, comfortable and well maintained and on this inspection this standard continued to be evident. During the last inspection there had been an issue in relation to the lift serving the first floor and this had now been addressed.

The centre comprised of a communal respite house which could accommodate up to five residents at any time and an adjoining self-contained apartment for one person. Each unit had a separate main entrance and each had its own communal space, sanitary facilities, kitchen and dining area. The centre was located close to a town centre.

The bedrooms were well furnished and decorated and there were sufficient toilets and showers for residents’ use. All showers and toilets were spacious and accessible with safe and readily cleanable surfaces. There was office and bedroom accommodation for staff in the centre. The kitchens in each dwelling were well equipped and hygienic with sufficient storage space.

There were suitable facilities for residents to launder their own clothes if required and there was a washing machine, drier and external clothes line available to them. Staff supported residents to participate in their own laundry in accordance with their levels of independence as required.

Maintenance and servicing records confirmed that the lift and boiler had been serviced regularly.

Residents had good access to the outdoors. There was an enclosed garden to the rear of the building.

There were suitable arrangements for the disposal of general waste. Residents and staff segregated refuse for recycling before it was transferred to secure bins outside. This was removed by contract with a private company. There was no clinical waste being generated.

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

Findings:
There were systems in place to promote and protect the health and safety of residents, visitors and staff.

There was a risk management policy and a risk register available to guide staff. There were also a range of policies which were viewed in conjunction with the risk management system and which included policies on missing persons and behaviour that challenges. The risk management policy identified the procedures for the identification and management of risk in the centre, including all the risks specified in the regulations such a self harm, violence and aggression.

A range of personal risk management plans had been developed for each resident to identify risks specific to each person and their control measures.

The provider had measures in place to ensure that staff and residents knew what to do in the event of a fire. Training records showed that all staff had received formal fire safety training, which was mandatory every three years in this organisation. Staff who spoke with inspectors were knowledgeable regarding the procedures to be followed.

Regular fire drills were carried out, including fire drills when residents were asleep. Records of fire drills were maintained which included information such as the total time taken to evacuate the centre. Records indicated that all fire drills had been completed in a timely manner.

Service records showed that all fire safety equipment had been suitably serviced. The fire alarm system was serviced quarterly and fire extinguishers were serviced annually. In addition, there was a process for staff to carry out a range of internal safety reviews, including checks of fire exits, the fire panel and fire extinguishers. All fire exits were unobstructed at the time of inspection.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents had been sourced and was available if a total evacuation was necessary. The procedures to be followed in the event of fire were displayed in the centre.

During the last inspection the hand washing arrangements required improvement and this had been addressed. The provider had reviewed hand washing arrangements and had introduced paper towel dispensers at wash hand basins for hand drying to reduce the risk of cross infection.

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

**Findings:**
There were measures in place to protect residents from being harmed or abused.

There was a policy on safeguarding residents from abuse to guide staff. The person in charge stated that all staff had received up to date training in abuse protection and this was confirmed by training records. While there had been no allegations or suspicions of abuse in the centre there was a clear organisational plan for investigating any suspicions of abuse.

There was a policy on responding to behaviours that challenge to guide staff. Stress management plans were in place for residents who displayed behaviours that challenged. The plans included identification of triggers, ongoing support strategies and reactive strategies. Training records indicated that all staff had attended training on managing behaviours that are challenging.

Assessment of the use of bed rails was an area that required improvement at the last inspection of the centre and on this inspection it was found that this had been addressed. While physical restraint was not used as a form of behaviour management, bed rails were in use to maintain the safety of a small number of residents while in bed and their use had been suitably assessed. Prior to the introduction of bed rails, assessments had been undertaken to ensure that this was the most appropriate means of controlling the risk of injury by falling from bed. Additional risk assessments had also been carried out to establish if the use of bed rails could also present a risk.

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

Findings:
The inspectors found that residents’ health care needs were met and they had access to appropriate medical and health care services. There was, however, some improvement to nutritional management required.

The person in charge confirmed that all residents had access to GP services. Residents retained the services of their family GPs while in the centre.

Residents had access to a range of health professionals including occupational therapy, speech and language therapy, psychology and behaviour support which were provided by the organisation and referrals were made as required. Residents could access other services such as physiotherapy, dietetics and chiropody either by referral or by private arrangement.

Each resident had a personal plan which outlined the services and supports to be provided to achieve a good quality of health care. Personal plans were in an accessible format and each resident's plan for health care was reviewed frequently and when there was a change in needs or circumstances. The plans viewed contained detailed information around residents’ health care needs, assessments, medical history and health care support required from staff. For example, plans of care had been developed for a range of health and personal care needs such as catheter care, epilepsy management and personal care.

Most residents ate foods of normal consistency but modified consistency diets were required for some residents based on an assessment by the speech and language therapist. Guidance on the preparation of these meals was clearly presented in the resident’s personal plan.

While staff were familiar with residents’ nutritional needs and weight maintenance requirements, improvement was required to ensure that suitable outcomes were consistently achieved. Residents were weighed monthly in the resource centres but this information was not consistently shared with the staff in the centre. Consequently staff in the centre did not have up to date information to guide care. The inspector viewed a weight loss plan for a resident who was identified as being overweight and found that it did not contain sufficient guidance on the healthy eating and exercise plan that staff would support the resident to achieve while in the centre.
At the time of inspection there were no residents with wounds or pressure ulcers and no residents with diabetes or food allergies.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The inspectors found that there were safe medication management practices in place.

Approximately half of the residents who stayed in this centre did not require to take any form of medication. At the time of inspection there were no residents prescribed medication requiring strict controls and no residents required their medication crushed.

Medication was securely stored in the centre. Each bedroom had a cupboard where residents could store their medication. Residents were encouraged to manage their own medication as independently as possible. Self administration assessments had been carried out for all residents who were in receipt of medication and some residents took responsibility for their own medication both in the centre and while at home.

The inspectors 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.

There was a comprehensive medication management policy guiding practice and staff had undergone medication management training.

There was a robust medication auditing system in place in the centre. The person in charge carried out documented monthly medication audits for which a high level of compliance was found.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspectors found that the organisational structure adequately supported the management team and staff in the delivery of the service.

The person in charge had overall responsibility for the management of this service but worked closely with a regional service manager who was her line manager. During the previous inspection the inspector found that the person in charge was suitably qualified and experienced and on this inspection her knowledge of the service and the residents continued to be evident throughout the inspection.

During the last inspection the inspector found that the management hours allocated to the person in charge were not always adequate to ensure consistent governance of the centre. On this inspection, the inspectors found that this had been partially addressed. The person had an agreed amount of protected time for governance in addition to time spent in the delivery of care to residents. It was found on this inspection that some management functions, such as the review of personal plans to ensure that they were up to date, had not been consistently completed by the person in charge and she stated that this was not always achievable within the time allocated for governance.

The person in charge was very familiar with the needs of residents in the service. She demonstrated a clear commitment to improving the service offered to these residents. There were arrangements in place to cover the absence of the person in charge and there were out of hours arrangements in place to support staff.

The person in charge attended monthly meetings with her line manager and other persons in charge in the organisation. She also met with her line manager for supervision meetings and in turn held supervisory meetings with staff in the centre.
There were systems in place for monitoring the quality and safety of care. The person in charge kept accidents, incidents and complaints under formal review within the centre for the purpose of identifying trends. She carried out frequent audits of the service including quarterly audits of incidents and health and safety and monthly medication management and finance audits. Findings from audits were recorded and required remedial actions were identified. An inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service and that any discrepancies found were addressed or being addressed by the person in charge. The findings from these audits were supplied to the person in charge’s line manager.

A representative of the provider carried out unannounced visits to the centre every six months to review the quality of service and compliance with legislation. The person in charge had prepared an annual report which was reviewed and signed off by the provider. Findings from all audits and reviews were used to inform the annual report in addition to feedback from residents and relatives and findings in inspection reports.

Judgment:
Substantially 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspectors found that there was appropriate staff numbers and skill mix being allocated to meet the assessed needs of residents. Staff had been suitably recruited and had received a range of training appropriate to their roles. However, some improvement to the recording of the staff roster was required.

Staff were present when residents were in the centre, including at weekends and there was one staff member on sleepover duty at night time. Staff also accompanied some residents when they wished to do things in the local community, such as attending concerts, walks, cinema visits and for shopping.

There was a planned staff roster which was found to be generally informative and accurate in respect of the numbers of staff on duty. The inspectors read the staffing roster and found that it did not indicate the role to which the person in charge had been
assigned. Although she was rostered for full time work, the roster did not indicate if she was scheduled for governance or care duties. It was, therefore, not possible to establish the amount of time the person in charge spent on governance each week. In addition, the information on the roster was not sufficiently clear as shifts were not recorded using the 24-hour clock.

A range of training was provided and training records indicated that staff had received training in fire safety, adult protection, first aid and manual handling, all of which were mandatory in the organisation. In addition, most staff had received other training as required, such as training in medication management, behaviour management, infection control and eating, drinking and swallowing. Infection control training had been identified as an area for improvement at the last inspection and this had been addressed. A staff member told the inspectors that she had attended infection control training and explained the controls in place to reduce the spread of infection in the centre.

Records indicated that staff had been recruited, selected and vetted in accordance with the requirements of the regulations. An inspector reviewed a sample of staff files and noted that they contained the 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 such as suitable references, photographic identification and employment history records.

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:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>Date of Inspection:</td>
<td>27 April 2016</td>
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<tr>
<td>Date of response:</td>
<td>31 May 2016</td>
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**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 11. Healthcare Needs**

**Theme:** Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The system in place for the management of nutritional risk was not fully effective.

1. **Action Required:**
   Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The Person in Charge and the manager of the day service will ensure further written guidance is developed on nutritional and exercise plans with individuals, where it has been recommended as a priority. A comprehensive food and exercise recording log will be maintained by staff. These will be reviewed by dietician involved.

Proposed Timescale: 13/06/2016

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:
The management hours allocated to the person in charge were not always adequate to ensure consistent governance of the centre.

2. Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
The Registered Provider will review the management time allocated, and the way in which those hours are used, to ensure the Person in Charge has adequate time to manage the service consistently.

Proposed Timescale: 15/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The staffing roster did not indicate the role to which the person in charge had been assigned. Staff working hours were not recorded using the 24-hour clock and were, therefore, unclear.

3. Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
The Person in Charge has altered the roster to show the specific role of the PIC when on duty. The roster is amended to use a 24 hour clock.

Proposed Timescale: 23/05/2016