

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Aoibhinn Residential
Centre ID:	OSV-0001751
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 April 2017 10:30 To: 03 April 2017 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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:

This was a monitoring inspection carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation including health and social care files, medication records, and health and safety documentation. The inspector met with the four residents living in the centre and with three staff members. The person in charge was also present throughout the inspection. Residents told the inspector that they liked living in the centre and felt safe there. They also said that staff looked after them well, that they enjoyed their leisure time and had plenty of involvement in the local community, and that they chose and received foods that they liked.

Description of the service:

The centre comprised a single bungalow on the outskirts of a town. The centre provided a residential care service for four individuals two male and two female adults with an intellectual disability and there was one vacancy.

Overall judgment of findings:

Of the ten outcomes inspected on this inspection, seven were in compliance with the regulations and three outcomes were found to be in moderate non-compliance. There were no major non-compliances.

Residents received a good level of health and social care. Residents had interesting things to do during the day and were also supported by staff to integrate in the local community. They also had good opportunity to keep in touch with family and friends. Residents' healthcare needs were well met, and there were measures in place to safeguard residents from any form of abuse. There was also a robust medication management system in place. The centre was suitably staffed to meet the needs of residents.

While residents' dignity was protected, improvements were required in relation to the use of residents' money and service level agreements. The inspector also found that the house was comfortable and suitably furnished; however, renovation works were required internally in the centre such as painting and decorating and the bathroom facilities did not meet the needs of the residents in the centre.

Findings from this inspection and actions required are outlined in the body of the report and in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the rights and dignity of residents was respected. There were no actions from the previous inspection. However, the inspector found that improvements were required in regards to the management of residents' finances.

The inspector observed staff interacting with residents in a warm and respectful manner and residents appeared relaxed in the presence of staff. Residents in the centre were able to communicate their needs to staff, and staff consulted with residents on a daily basis in regards to meal choice and daily activities. This was achieved through the use of verbal and non-verbal communication; for example, a picture reference system which was adapted to meet the needs of each resident.

The person in charge maintained a log of all complaints received within the centre. Staff had a good understanding of local procedures in responding to complaints and could identify the people nominated to manage received complaints. The centre had no open complaints on the day of inspection.

The centre had systems in place to support residents in managing their finances. All money spent on behalf of the resident was documented and a receipt and balance check procedure was in place. However, there was a lack of oversight around the use of residents' finances, in particular, the use of their money for transport services, and social activities, as residents purchases were not in line with service level agreements and personal centred plans. For example, the inspector found that one resident was charged over a €100 in March for diesel expenses, but these charges exceed the limit of €50.00 by which the provider had agreed that residents should only be charged for

transport per month.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that residents had written agreements in place for the provision of services. However, these written agreements did not include all of the additional costs which the resident may incur. For example; some residents were paying up to €120.00 per month for reflexology treatments, but this activity was not documented as a wish of the resident in their person centre plan or service level agreements. Furthermore, some residents were charged more for the same number of treatments and no explanation was given for the difference in costs incurred by residents.

Since the last inspection, one resident has been discharged from this service and there was one vacancy in the house on the day of inspection.

Judgment:

Non Compliant - Moderate

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:

On the day of inspection, the inspector found that the social care needs of residents were maintained to a good standard .

Each resident had a personal plan in place which was formulated through a person-centred approach. Each plan contained details such as family and friends, social interests, intimate care needs, healthcare needs and risk assessment plans and reflected the assessed needs of each resident.

In addition, the inspector found that each resident had identified personal goals they wished to achieve on a yearly basis. These goals had been formulated through a consultation process with the resident, families, key workers and link workers. Each goal had an associated action plan and person responsible for supporting the residents to achieve their chosen goal. Each goal reviewed had been progressed in line with the action plan and resulted in residents' achieving goals, such as going on a holiday and attending local events.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that improvements were required in relation to the lack of suitable bathroom equipment in the centre. This action was also highlighted in the previous monitoring inspection and had not been addressed. A second action had been satisfactorily addressed with additional lighting installed in the hallway.

Renovations were required in the bathroom areas, as the facilities did not meet three of the residents' needs; for example, the inspector found that two residents had difficulty accessing the bath and another resident could not use the shower in their en suite, as it

was too small. In addition, renovation works such as repainting was required in some areas of the house' such as the hallway.

The centre was warm, bright, clean and suitably decorated. Rooms were spacious and adjustments had been made to the environment to ensure the safety of residents. One area had an open plan relaxation room which was appropriately equipped with lowered seating and mats which residents appeared to enjoy, while the other area had a separate sitting and living area.

Each resident had their own bedroom which had an adequate storage facilities for personal belongings. The centre was appropriately maintained and there was a large patio area to the rear of the property.

Judgment:

Non Compliant - Moderate

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:

On the day of inspection, the inspector found that the centre promoted the health and safety of residents, visitors and staff.

The centre had a fire alarm, smoke detectors, fire blanket and emergency lighting in place. Fire doors were also in place throughout the premises. Automatic doors closers were also in place in identified areas of high risk such as the kitchen and sitting room. A centre emergency evacuation plan and residents' personal emergency egress plans had also been formulated.

The centre had procedures in place to monitor fire precautions within the centre. Regular checks of the fire panel, exits, emergency lighting and extinguishers took place. Fire drills took place regularly and residents were evacuated swiftly from the centre.

The centre had a risk management policy in place. The person in charge maintained a risk register and had completed risk assessments for residents. The inspector found that resident's individual risk assessments accurately described the identified risks and control measures were in place to manage these risks in the centre.

The centre had a policy on infection control and hand sanitizers were available throughout the premises. The centre also provided colour coded mops and indications

for their use.

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 the provider had systems in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults from abuse and all staff had received training in safeguarding. The person in charge confirmed that all staff had received training in relation to adult protection and she was knowledgeable regarding her responsibilities in this area. There were no allegations or suspicions of abuse currently under investigation in this centre.

There was a low level of behaviour management issues occurring in the centre, although there were positive behaviour support plans in place for residents who displayed behaviours that challenged. The plans had been developed in conjunction with the psychology team, who provided support to the service as required. There was also a policy on responding to behaviours that challenge to guide staff.

There was no restraint in use in this centre.

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 inspector found that residents' health care needs were well met and they had access to general practitioner (GP) and other health care services as required.

All residents had access to general practitioner (GP) services. All residents had general health checks by their GPs on an annual basis. In addition, residents went for further consultation with GPs as necessary. Referrals to other medical consultants were also made, when required, for residents.

Residents had access to health professionals including a dietician and occupational therapist, and referrals were made as necessary. Reports from these reviews were recorded in residents' personal files and recommendations were used to guide practice.

Individualised support plans were in place for all residents' assessed health care needs. These plans were clear and provided detailed guidance to direct staff. Staff regularly reviewed residents' healthcare needs and undertook health assessments on an annual basis.

Residents' nutritional needs and weights were kept under review and any identified issues were addressed. For example, a referral to the dietician for a health issue had been made and the dietician's recommendations were recorded and were being successfully implemented. Residents were supported and encouraged to eat healthy balanced diets and partake in exercise.

Residents had access to the kitchen to prepare drinks and snacks at any time. Residents told the inspector that they chose what they wanted to eat, were involved in food shopping and meal preparation and that they always enjoyed baking and the meals in the centre.

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 residents were protected by safe medication management policies and practices. There was good practice around medication management.

There was a medication policy available to guide staff. All staff had been trained in the safe administration of medication. Regular medication auditing was taking place in the centre, and any issues identified had been addressed.

Medication was securely stored, and there was refrigerated storage for medication requiring temperature control should it be required. The centre had suitable practice in relation to the storage of unused and out-of-date medication. At the time of inspection there were no residents prescribed medication that required strict controls.

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:

There was a clearly defined management structure that identified the lines of authority and accountability. Since the last inspection there had been a change in the management structure, and a new person in charge had been appointed to manage the centre.

The new person in charge in this centre was suitably qualified and experienced and worked full-time. They displayed a good knowledge of the health and social care needs of residents. The provider was aware of their responsibility to carry out a six-monthly unannounced visit and to prepare a written report on the safety and quality of care and support provided in the centre. This had been undertaken within the past six months, and areas of concern identified on the 6 monthly inspection had been dealt with prior to the inspection.

The inspector also saw that staff had carried out medication audits, and accidents and

incidents in the centre were reviewed by the organisation's health and safety department. An annual report on the quality and safety of care in the designated centre was also available in the centre.

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):

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

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. There was one action issued following the last inspection regarding staff training, this action had been addressed.

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, going for a walk or to attend social events. One staff member also slept in the centre at night time.

The person in charge maintained a planned staff roster, which the inspector viewed and found to be accurate for the day of inspection. There were three staff on duty during the day and a waking staff and sleepover staff at night. One resident was supported to have their day services from the house and they received individualised staff support from the day and residential staff teams.

A range of staff training was organised, and staff who spoke with the inspector stated that they had received training in fire safety, medication management, safeguarding, manual handling, management of behaviour that is challenging, and infection control.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001751
Date of Inspection:	03 April 2017
Date of response:	09 June 2017

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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge did not ensure that the use of residents money was in line with their wishes or that consent was sought prior to spending their money. In addition, there were systems in place which did not adequately support staff when spending residents money.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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:

Each person's monies have been audited in full and where there was any over payment this was reimbursed on April 27th . An organisational briefing on finance issues was held on April 26th and as a result new arrangements are being worked out for each person in relation to their finances. These will all be agreed at individual's circles of support and set out in the individual service agreements for each person. All circles of support or meetings with families will be completed by June 30th.

Proposed Timescale: 30/06/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents money was used to pay for treatments that was not consistent with their assessed needs in their personal plan.

2. Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

Please state the actions you have taken or are planning to take:

Personal plans will be updated to include any treatments and expenditure for the person. This will be reviewed with each person at their next circle of support and identify the need for same. Individual Service Agreements will be updated for each resident following this.

Proposed Timescale: 30/06/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre required some internal renovations, such as painting and decorating.

3. Action Required:

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

Please state the actions you have taken or are planning to take:

The registered provider will carry out any painting and decorating of the premises that is required.

Proposed Timescale: 30/09/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The bathrooms were not to a sufficient standard suitable to meet the needs of the residents.

4. 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 registered provider will undertake all necessary works to ensure bathrooms are to upgraded to a standard that meets the needs of those living in the centre.

Proposed Timescale: 30/09/2017