

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lakeside Residential Services
Centre ID:	OSV-0001757
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	Announced
Number of residents on the date of inspection:	2
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 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:

06 March 2017 09:00

To:

06 March 2017 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of this centre and an 18 outcome registration inspection was completed on the day of inspection. Previously, there were two inspections completed of this house dated 2 February 2016 and 31 August 2015 as part of the registration of another designated centre called Mountain View Residential and Respite Services.

This house was not registered with that designated centre as it did not meet the requirements of registration at that time. Since then two meetings were held with the provider on the 7 February 2016 and 28 July 2016 and consequently the provider decided to apply to register this house as a standalone designated centre.

How we gathered our evidence:

As part of the inspection, the inspector met with one resident and four staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Interviews were carried out with the person in charge, the staff on duty and the area manager for the service.

Description of the service:

This centre provided residential and day services for up to three residents with an intellectual disability with an age range of 25–45 years. As part of the application to register this centre, the provider produced a document called the statement of purpose which outlined details of the service provided in this centre. The person in charge of the service had changed since the last inspection and the statement of purpose included details of the new manager and the current management structure in the centre.

Overall judgment of our findings:

Significant improvements were identified since the last inspection. There were 23 areas of non-compliance previously identified and the inspector found that 21 of the 23 actions were complete, and two actions remained outstanding.

Overall the inspector found that residents' needs were being met. The service provided to the resident was an individualised person-centred service. There was consistency in staffing and the staff members were familiar with the residents and were trained to manage the residents' complex health and psychological needs. The residents had active lives and were integrating well into the local community with the support of staff. One resident was choosing to live between their family and the residential service, and there were plans in place for the resident to move to a designated centre near their family home, in the near future.

The inspector found that continuous improvements had occurred since the first inspection of this centre and that the changes in the management of the centre had improved the services being delivered and the quality of the service provided. However, some areas required further improvement. The inspector found that the management of residents' personal finances and restrictive practices was inadequate and the inspector requested that the provider conduct an investigation into the use of residents' money in this centre.

In addition, the procedures in place for the safe evacuation of residents in the centre did not ensure that residents could be evacuated safely from the rear of the building. The inspector also noted that there were internal and external renovation works required in the centre that had not been addressed by the provider.

The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of 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.

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):

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

Findings:

The inspector found that the residents were consulted with and participated in decisions about their health and social care and the running of the centre on a regular basis. In addition, residents' privacy and dignity was respected during the inspection; however, the management of complaints was not in line with the organisations policies and procedures.

There were four actions issued under this outcome following the last inspection. Three actions were complete and one action was in the process of completion. The outstanding action related to residents' sharing a bedroom, while on respite, as this was impacting on their privacy and dignity. The provider had taken action to address this action and respite services were due to ceased in this centre on the 13 March 2017. Furthermore, the inspector found that once the occupancy of the centre is reduced there would be more space to receive visitors in private.

The inspector saw the minutes of the residents weekly meetings which confirmed that residents were offered choice and opportunity to participate in decision making in the centre. For example, the inspector saw feedback from the residents meetings on their food choices and the activities they wished to take part in for the week.

The centre had a complaint's policy, there was a record of complaints maintained in the centre; however there was no evidence detailing how the complaint was investigated and if the outcome was to the satisfaction of the complainant.

Judgment:

Substantially Compliant

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):

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

Findings:

Effective communication support and interventions were provided to residents living in this centre. The inspector found that residents' communication abilities and needs were highlighted in their personal plans and the supports required were reflected in practice.

The inspector saw that the staff were using an iPad to effectively communicate with a resident as they were using pictures of previous activities or places of interest to offer a choice to the resident for daily social outings. Furthermore, all staff had received training in effective communication specific to meet this resident's needs. This was an action issued following the last inspection and was now complete

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with their family. The inspector found that family members were actively involved in the residents' lives and some residents had frequent visits home to their families.

Families were also involved in the residents reviewing and planning the residents' personal care goals for the year and had been invited to the residents' annual review meetings held in the centre.

Residents were involved in the local community and accessed activities such as bowling, attending the arts centre, going for walks, grocery shopping, visiting the local church and the local day service.

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):

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

Findings:

The inspector found that residents had written agreements in place which outlined the legal agreements for the provision of services between the provider and the resident. However, on review the inspector found that the fees being charged did not reflect what was agreed in their service level agreements. For example, residents were paying costs for attending hospital appointments or for visiting family at home. In addition, residents were charged for attending private appointments with dieticians, chiropody, and reflexology; despite some of these services being available from the health service. This was an action from the last inspection that was not complete.

The inspector reviewed the actions from the previous inspection and found that although the provider had agreed in their previous action plan response, that residents would be reimbursed money if any overcharging was identified, this had not occurred.

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:

Each resident had opportunities to participate in meaningful activities appropriate to his or her interests and preferences while in this centre. The inspector saw that residents living in this centre had good active and social opportunities provided for them. Staff told the inspector that residents had a good service were happy living in this centre.

Each resident had a written personal plan, which detailed their individual needs and choices. In addition, the arrangements to meet each resident's assessed needs were set out in a personal plan that reflects their needs, interests and capacities.

Residents' health care needs were well attended to by the staff or the residents' family members. Each resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

This house consisted of a single bungalow dwelling. The location, design of the centre was suitable for its stated purpose and met the resident's individual needs in a comfortable and homely way.

The premises were clean and had suitable heating and ventilation. However, some internal and external maintenance was required.

Internally: there were no adequate facilities for residents to launder their clothes, if they so wished. Furthermore, there was limited space to store cleaning products, such as mops and buckets.

Externally: there were maintenance works required to ensure the back of the house was safe to use by the residents. For example; there was excessive moss on the pathways, eaves and gutters were damaged and were leaking on people walking underneath, trees were over grown in the back garden and were impacting on the roof of the house and the residents ability to fully utilise their garden.

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:

The health and safety of residents, visitors and staff was not protected in this centre. Fire evacuation procedures and emergency lighting were not adequate.

The inspector found that the emergency evacuation exit to the rear of the property was through side gates on either side of the house; however, they were both inaccessible. One gate was locked with a padlock and the emergency key box located near the gate was not easily accessible at night, as there was no emergency lighting in the back yard. Furthermore, the second gate was bolted closed from the outside which could not be opened from the inside. This could obstruct the evacuation of the centre in the event of a fire.

The inspector reviewed the internal fire safety management procedures in this centre and found there were adequate precautions in place against the risk of fire. All staff had completed fire safety training and demonstrated knowledge of what to do in the event of a fire. In addition, there was suitable fire equipment provided and fire drills completed.

There were policies and procedures available relating to health and safety including an up to-date health and safety statement and a risk management policy. The risk management policy included the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents.

Inspectors reviewed the centres accident and incident log and were satisfied that all risks were appropriately identified, assessed, and managed. There was evidence that arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. There were no serious incidents reported in this centre since the last inspection.

Judgment:

Non Compliant - Major

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 reviewed the safeguarding measures in place to protect residents from abuse and found that the measures in place to safeguard residents' finances were not adequate in this centre. In addition, the management of restrictive practices was not in line with national policies and procedures. However, the inspector found the management of behaviours that challenge was adequate and there were no allegations of abuse being investigated at the time of inspection. All previous allegations of abuse had been investigated by the provider were unfounded.

The inspector found that residents' money was not safeguarded and that residents had been overcharged excessive amounts of money for services such as transport. For example, over a three month period, one resident was charge €310.00 for diesel and for car repairs, despite the resident not owing the car. In addition, money granted to a resident as a personal subsidy had been withdrawn from the residents account by the provider without their consent, in addition to this, the inspector found the amount withdrawn from the residents account was in excess of the subsidy and despite the providers own internal auditors advising them of this in June 2016, the resident was not reimbursed the money until it was highlighted the day of inspection.

Furthermore, the inspector found that the procedures for recording residents' income and expenditure were not adequately maintained in their personal money books and there was no proper auditing of the accounts by the person in charge. The inspector also found that there were no controls in place as to who had authority to withdraw

funds from residents' accounts in the local financial institution, and this had led to a lack of clarity as to who had withdrawn a substantial amount of money from a residents account. On review of the monthly audit sheet signed by the person in charge, the closing and opening balances did not correspond; therefore, the inspector was not assured that residents' finances were appropriately safeguarded. The inspector issued the area manager an action to complete an investigation into the management of residents' finances and provide a report to HIQA on its completion.

Restrictive practices were in operation in this centre. However, the reasons for using restrictive procedures were not clearly assessed or recorded. Restrictions were not the least restrictive, and there was no record maintained of these restrictions or reviews by the restrictive practice committee.

The organisation had a policy on the prevention, detection and response to abuse. The staff member on duty was interviewed and knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to. The inspector was notified on a number of occasions over the past year that staff had observed some bruising or marks on a resident and the origin for the bruising was unknown. However, following a thorough investigation the provider has determined that these marks were self inflicted, and preventative measures are now managed by the staff as part of a behaviour management programme.

Residents were provided with appropriate support to help promote a positive approach to behaviour that challenges. The inspector reviewed the behavioural support plan of one resident. Efforts were made to identify and alleviate the underlying causes of behaviours that challenge and any triggers which caused the behaviour. Staff were implementing this behaviour support plan on a daily basis and there were no significant accidents or incidents reported recently. The inspector saw that multi-disciplinary input and interventions were available to support the resident and staff in this centre.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Records of all incidents occurring in the designated centre were notified to the Chief Inspector as required by the regulations.

<p>Judgment: Compliant</p>

Outcome 10. General Welfare and Development
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.

Theme:
Health and Development

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

Findings:
One full-time resident living in this centre received an individualised service from their home, the second resident attended a full-time day service in the community.

The resident receiving an individualised service from home involved them engaging in activities in-house and out in the community. For example, the resident liked to go for long walks everyday and liked to visit the local shops in the community. The inspector found the social activities were age appropriate and reviewed regularly through consultation with residents. Both residents liked to engaged in social activities such as concerts, bowling, shopping.

Since the last inspection, the provider had put arrangements in place to relocate a resident to a residential and day service nearer their home and the resident will be discharged from this service by the end of May. This was an action from the last inspection that was now complete.

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:

Residents were supported on an individual basis to achieve their best possible health. Each resident's health needs were appropriately assessed and care plans were in place to ensure they received the appropriate care.

Residents had timely access to GP services and appropriate treatment and therapies. In addition, residents had access to allied health care services which reflect their diverse care needs.

The inspector saw that there were records of all referrals and follow-up appointments maintained and that the residents' attended any appointments deemed necessary.

Residents were encouraged and enabled to make healthy living choices.

Food was nutritious, appetising, varied and available in sufficient quantities. It was available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner.

Residents were supported to prepare their own meals as appropriate to their ability and preference. The advice of dieticians and other specialists implemented in accordance with each residents personal plan.

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 provider had policies and procedures in place for safe medication management. The inspector found there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. In addition, individual medication plans were appropriately implemented and reviewed as part of the individual personal plans.

The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation and inspectors saw that staff adhered to appropriate medication management practices.

The inspector also found there were appropriate procedures in place for the handling and disposal for unused and out of date medicines. The inspectors saw that the person in charge had completed audits of medication practices and had put in place corrective actions to address any issues which had been identified.

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):

No actions were required from the previous inspection.

Findings:

There was 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, reflected the diverse needs of residents.

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 management systems in place for monitoring the quality of care of residents and the use of their finances were not adequate in this centre and required review.

Although some additional management systems had been put in place to support and promote the delivery of safe, quality care services since the last inspection, some operational practices required an urgent review, particularly in regard to the use of residents' finances, restrictive practices and emergency lighting outside the house.

The management team had completed a comprehensive annual review and six monthly unannounced visits of the centre, but they did not identify the safeguarding and rights issues regarding residents' finances, or how the inappropriate management of residents' finances were impacting negatively on the residents. In addition, the annual review of the service did not discuss the ongoing transitional plans for this service. For example, three residents were currently transitioning to other designated centres and the decision to change this designated centre into an individualised service by the end of May 2017 was not included in the annual review.

A new person in charge had been appointed to manage this centre on the 28 November 2016. Staff told the inspector that the person in charge was a good team leader and all residents were familiar with the person in charge. The person in charge of the centre worked full-time and was a suitably qualified person with responsibility for the provision of the service and was responsible for the governance, operational management and administration of the centre on a daily basis. The person in charge had arrangements in place to meet with the staff team every six weeks to discuss the operational management of the centre.

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge

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):

No actions were required from the previous inspection.

Findings:

There were two previous persons in charge since the last inspection. In the absence of

the persons of charge the person participating in the management of the centre became the person in charge of this centre. The new person in charge took up post in November 2016.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The centre was located in Co. Mayo and was resourced to provide day and residential services to the residents. However, the centre's transport had broken down and the person in charge did not have sufficient resources to replace the car. As this centre is located in a rural area in Co. Mayo the use of a car was a daily resource requirement. At present staff borrow another centres car to access community activities.

Judgment:

Non Compliant - Moderate

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:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. The inspector was satisfied that residents

receive continuity of care.

Staff had completed mandatory training and had access to education and training to according to the needs of residents and in accordance with evidence based practice.

The inspector reviewed that schedule two documents and found that in some files viewed there were no contract of employment signed between the staff and the organisation.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Written operational policies were in place to inform practice and, on review, the inspector found that all policies set out in Schedule 5 were in use.

The statement of purpose and resident's guide were available in the centre and the most recent inspection report was available to residents, their family and visitors. The centre was insured and this was up to date.

Information relating to residents and staff were securely maintained in the office of the centre and were easily retrievable. A directory of residents was up to date and met the requirements outlined in Schedule 3.

Personal plans for residents were up to date and gave a good reflection of the care practices and interventions that were in action for each resident at the time of inspection.

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-0001757
Date of Inspection:	06 March 2017
Date of response:	29 May 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider did not ensure that there was a record of the management of complaints or that the outcome of the investigation into a complaint was recorded. Furthermore, there was no record if the complaint was closed, or if it was closed to the satisfaction of the complainant.

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 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The registered provider has put in place a Complaints template that will ensure records are kept that capture the outcome of the investigation into the complaint, the satisfaction of the complainant and whether the complaint is closed. This will be reviewed by the person in Charge on a Quarterly basis.

Proposed Timescale: 11/05/2017

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 were charged excessive amounts for attending social activities, dietician, chiropody and reflexology appointments, which were not in line with their service level agreements.

The provider had agreed in their previous action plan response, that residents would be reimbursed money if any over-charging was identified, this had not occurred.

2. 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:

The person in charge will conduct monthly audits of individual's finances, these will be reviewed regularly by the Regional Services Manager.

The Registered provider has met with all persons in Charge to brief them on the revised guidance and to clarified the process for decision making on the use of residents monies. 26/04/2016

All Individual Service agreements will be reviewed and updated to incorporate the guidance provided at each person's circle of support.

The person in Charge has audited each person's financial accounts and reimbursed any monies owed. 23/05/2017

The person in Charge is working with the local financial institutions to ensure that only designated individuals can access monies on behalf of the individuals in order to safeguard individual's finances. 01/06/2017

Proposed Timescale: 01/06/2017

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 house did not have suitable facilities available to support residents launder their own clothes.

3. 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 move the Laundry appliances from their current position in the kitchen to a designated Laundry room within the centre.

Proposed Timescale: 04/08/2017

Theme: Effective Services

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

Renovation works were required to the outside of the house to ensure it was safe for the resident and staff to use.

4. 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 has employed a tree surgeon to cut back the overgrown trees close to the property. 18/04/2017

The Health and Safety officer and Maintenance Manager have assessed the property and provided a work plan that will ensure that the residents are safe. The work plan will be completed by 08/06/2017.

All identified works will be completed by 08/07/2017

Proposed Timescale: 08/07/2017

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:

There was no emergency lighting in the back garden to assist the resident to exit the property in the event of a fire. In addition the side gates to the centre , used as a means of escape in an emergency, were locked

5. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The registered provider has installed additional lighting to the rear garden to assist the residents to exit the property in the event of a fire. 15/04/2017

The Registered provider has researched suitable options and arranged for the installation of a key pad lock system on the gates in question. 02/06/2017

Proposed Timescale: 02/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The restrictive practices in place were not appropriately risk assessed or regularly reviewed.

6. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Each person's rights checklist has been updated with the restriction in relation to food at night. This practice is kept under active review and is solely in relation to one individuals need for a modified diet and associated choking risk. The Rights Review Committee will provide additional monitoring, with the next review scheduled for Q.4 2017.

Staff have been briefed to ensure understanding of how restrictive practices are recorded and reviewed. 23/05/2017

All residents individual risk assessment and the centre risk register has been reviewed and updated by the person in charge. 25/05/2017

Proposed Timescale: 25/05/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Residents' money was not being well managed in the centre and controls in place including the providers policy were ineffective.

7. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The registered provider updated organisational guidance and has provided a briefing to all service managers on the use of service user's monies. 26/04/2017

The person in charge will conduct a monthly audit of service users monies. In addition the Regional Services Manager and Financial Controller will conduct an investigation into the use of resident's finances. A report on the findings will be forwarded to HIQA. 02/06/2017

Proposed Timescale: 02/06/2017

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 in the designated centre did not ensure that the service provided to residents was effectively monitored. For example, complaints management, residents finances, restrictive practices and fire evacuation procedures all reviewed review by the management team.

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 registered provider has put in place a Complaints template, this will ensure records capture the outcome of the investigation into the complaint, the satisfaction of the complainant and whether the complaint is closed. This will be reviewed by the person in Charge on a Quarterly basis.

The person in charge will conduct monthly audits. These will be reviewed by the regional manager on a regular basis.

The Registered provider has met with all persons in Charge to brief them on the revised guidance and to clarify the process for decision making on the use of residents monies. 26/04/2016

The person in charge will ensure that there are regular fire drills using all exits in turn.

The health and safety officer has reviewed the evacuation plan for the centre.
12/05/2017

The person in Charge is working with the local financial institutions to ensure that only designated individuals can access monies on behalf of the individuals in order to safeguard individual's finances. 01/06/2017

Proposed Timescale: 01/06/2017

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 centres transport had broken down a number of months prior to inspection and had not been replaced, this was limiting the resident's opportunities to access social activities in the wider community.

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 registered provider will conduct a review into individual's use of available transport and assess any outstanding need in this area to establish whether a dedicated vehicle is required in this instance. This review will consider whether the individuals concerned are prevented in any way from accessing community due to transport limitations. Any resulting shortfall will be actively addressed by the provider.

Proposed Timescale: 31/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

All the requirements of schedule two documents were not in place as required.

10. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

All contracts of employment are held centrally in staff file located in the Human

Resources Department at Head office. These are available to inspectors on request.

Proposed Timescale: 26/05/2017