

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ceol na hAbhainn Residential Service
<b>Centre ID:</b>	OSV-0001778
<b>Centre county:</b>	Mayo
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Western Care Association
<b>Provider Nominee:</b>	Bernard O'Regan
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	0

## **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 announced and took place over 1 day(s).

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

From: 21 February 2017 12:45 To: 21 February 2017 18:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**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 such as health and social care files, medication records, and health and safety documentation. The inspector met with both of the residents living in the centre and with three staff members, the person in charge and the regional manager, who is the person in charge's line manager.

A resident told the inspector that they were very happy living in the centre and felt safe there. They said that staff looked after them well, that they enjoyed their leisure time and being out and about in the local community. The residents also explained that they enjoyed the meals that they had in the centre and that staff helped them to eat healthy foods of their choice. The inspector saw staff interacting with residents in a friendly way and residents were clearly comfortable in the company of staff.

#### Description of the service:

The centre is comprised of two self-contained apartments in a residential area close to a town. This service provides a full time residential service to two adults, male or female, who are diagnosed with both autism spectrum disorder and an intellectual disability.

#### Overall judgment of findings:

Overall, good practice was found throughout the inspection and the inspector found a high level of compliance with the regulations. Of the 10 outcomes inspected on this inspection, seven were in compliance with the regulations and one was substantially compliant. Two were moderately non-compliant, and there were no major non-compliances.

Residents received a good level of health and social care. They had access to social, sporting and developmental opportunities in accordance with their abilities, and were supported by staff to integrate in the local community, to participate in exercise, and to keep in touch with family and friends. Residents' healthcare needs were well met and there were measures in place to safeguard residents from abuse. The centre was suitably staffed to meet residents' needs.

The centre was well maintained, comfortable and suitably furnished to meet the needs of residents. While there were health and safety measures in place, improvement to fire evacuation drills was required.

Some documentation in the centre also required improvement, including medication administration information, nutritional monitoring and activity plans.

The provider had a clear governance system for the management of the centre, and auditing was being undertaken to review and improve the quality and safety of the service.

Findings from the inspection and actions required are outlined in the body of the report and 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.**

**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:**

There were agreements for the provision of services in place for each resident. The inspector reviewed an agreement and noted that services to be provided and the fee to be charged were stated.

There was an admission policy and records viewed by the inspector indicated that there had been a thorough assessment and transition process implemented for a recent admission to the centre.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents had opportunities to participate in activities, appropriate to their individual assessed interests.

The arrangements to meet each resident's assessed social and personal needs were set out in individual personal plans. These plans had been developed at annual personal planning meetings, in consultation with the residents if they so chose, key workers, family members and the person in charge, and considered the residents past and current interests. The inspector found that the plans were person-centred and focused on improving the quality of residents' lives. Residents' individual goals were identified and the person in charge ensured that support was provided to meet these goals. However, some social care plans were not recorded in sufficient detail to guide practice, and did not reflect the understanding of residents' social care needs as demonstrated by staff.

There was evidence that residents had involvement in a range of activities in the centre, the day service and the local area. A resident who met with the inspector confirmed this. A home-based service was provided to suit the needs of a resident. Activities taking place in, and from, the centre included personal shopping, reflexology, music and drama, water sports, eating out, attending a weight management club in the community, walking and outings. There were also magazines and DVDs supplied to residents in the centre.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The design and layout of the centre is suitable for its stated purpose.

During the registration of the centre in July 2016, the centre was being refurbished to provide two self-contained apartments. One apartment was furnished and ready for occupation, while the other was at an advanced stage of completion. Both apartments are now finalised and occupied by residents. During this inspection, the apartments

were found to be warm, clean, comfortable and well-maintained.

Each apartment had bedrooms for both the resident and staff, sitting rooms, spacious bathrooms, kitchens with dining areas and laundry facilities. The layout and fitting of the apartments was based on the needs and preferences of residents, for example a whirlpool bath was currently being provided in a bathroom to meet the preference of a resident. In addition, wheelchair ramps were being constructed at external doors of both apartments at the time of inspection, to meet the needs of any future residents with impaired mobility and for visitors to the centre.

There were laundry facilities, in each apartment where residents could do their own laundry, with support from staff if required.

Suitable arrangements were in place for the disposal of general waste, by contract with a private company. There was no clinical waste being generated.

There were separate enclosed gardens at the rear of each apartment and a large mature garden at the front of the building. The person in charge explained that arrangements were in place for a landscaping project in the back gardens.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

There were systems in place to protect the health and safety of residents, visitors and staff. However, improvement to fire evacuation drills was required.

There was a health and safety statement, a risk management policy and risk register which identified measures in place to control identified risks. In addition to environmental risks, personal risks specific to residents had been identified and control measures documented in residents' personal plans.

The inspector reviewed fire safety procedures. The provider had introduced measures for the containment of fire. All internal doors were fire doors and were fitted with self-closing mechanisms. There was a plan for annual servicing of fire extinguishers and quarterly servicing of fire alarms. As the service had only recently commenced annual servicing of fire extinguishers was not yet due, but the first quarterly fire alarm and

emergency lighting servicing had taken place.

All staff had received formal fire safety training. Quarterly fire drills were being undertaken, which was recommended within the organisation, including at least one annual fire drill at night. Records of fire drills were kept and included information such as the total time taken to evacuate the centre. Records indicated that all evacuations, including the night evacuation, had been undertaken in a timely manner. However, some staff had not yet participated in any fire evacuation practices in the centre, and there was no plan in place to ensure that each staff member had the opportunity to participate a fire drill.

Systems were in place for weekly checking of fire alarms, fire extinguishers and exit doors. There was also a quarterly health and safety audit undertaken by staff that included checks of fire extinguishers, the first aid box, water temperature control mechanisms and smoke detectors.

There were emergency plans which provided clear guidance to staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation.

The centre was maintained in a clean and hygienic condition and there were hand sanitising units in place.

All staff had received up-to-date training in moving and handling.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

Measures were in place to protect residents from being harmed or abused.

There was a safeguarding policy and a training schedule which ensured that each staff



member attended training in safeguarding.

The person in charge understood his responsibilities in relation to adult protection and was clear on how an allegation or suspicion of abuse would be managed. To date no allegations or suspicions of abuse had occurred in the centre. The inspector observed staff interacting with residents in a respectful and friendly manner.

There was a designated liaison person and a deputy liaison person available, and their photographs and contact details were prominently displayed in the centre.

There was also a policy to guide staff on responding to behaviour that challenges. Most staff had received behaviour management training and the support of a psychologist was available in the organisation. At the time of inspection some residents exhibited behaviours that challenged or required behaviour management plans. The inspector viewed a behaviour support plan which had been developed for a resident. This plan included detailed information about the resident's support needs and explained proactive and reactive measures that would be used.

There were no residents using bed rails or any other form of physical restraint. Chemical restraint was not being used for behaviour management in the 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:**

Residents' healthcare needs were met and they had access to appropriate medical and healthcare services.

Residents had good access to general practitioners (GP) services, which they could access in the local area or in the centre, if preferred. The inspector found that GPs reviewed residents as required, and that records were retained.

Residents had access to a range of healthcare professionals including occupational therapists, speech and language therapists and behaviour support therapists within the organisation and referrals were made as necessary. Residents also had regular dental check-ups and eye screening, and referrals to other consultants were made when

required. Records and recommendations from consultations were retained.

Each resident had a personal plan which outlined the services and supports to be provided to achieve good quality healthcare. The plans contained detailed information around residents' healthcare needs, assessments, medical history and any treatment received and also healthcare support required from staff. Although the residents in the centre had a good level of general health, informative plans of care had been developed to guide care of identified health issues, such as epilepsy, constipation and skin care.

Residents were encouraged to eat healthy balanced diets and partake in exercise plans and these were found to be effective. The inspector found that residents' nutritional needs had been assessed and residents were weighed monthly. On admission to the centre, both residents had been identified as being overweight, although through following the recommendations of a dietitian and taking exercise, both residents had achieved consistent weight loss.

Where a modified consistency diet was required based on a speech and language assessment, this was supplied. The recommendations of the speech and language therapist were recorded to guide staff.

Staff encouraged and supported residents to participate in regular light exercises such as walking and swimming.

**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:**

There were generally safe medication management practices in place.

At the time of inspection there was no resident prescribed medication requiring strict controls, no resident required medication to be crushed and there was no medication requiring temperature control, although the organisation had policies to guide on these processes if required.

There was a medication management policy guiding practice. Training records indicated that all staff had received training in safe administration of medication.

There were appropriate systems for the ordering, storage and return of medications. All medication was securely stored in a locked medication cabinet.

The inspector reviewed a sample of prescription and administration charts and found that they were well documented and contained most of the information required to enable staff to safely administer medications. Names of medications, times of administration and the signatures of staff administering the medication were clearly recorded. There were colour photographs of residents to verify identity if required. Prescribed medications had been suitably verified by the GP.

Self-administration assessments had been undertaken for all residents, although this process was not found to be suitable for current 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):**

No actions were required from the previous inspection.

**Findings:**

The provider had established a clear management structure, suitable supports were available to staff, and there were systems to review and improve the quality of service.

The person in charge had responsibility for the overall management of the service, for overseeing the quality of care delivered to residents and for supervision of the staff team. The person in charge was based in the centre. There were arrangements to cover the absence of the person in charge and there were on-call out of hours arrangements in place to support staff.

There were systems to monitor the quality and safety of care. All accidents and incidents were recorded and kept under review for the purpose of identifying trends. Audits being carried out by staff included monthly medication audits and monthly health and safety audits. Residents' personal finances were also audited quarterly by the person in charge, and it was intended that the organisation's financial officer would undertake an

additional annual financial audit. The first unannounced six monthly review of the service had been carried out on behalf of the provider. A copy of this audit, including an action plan of required improvements, had been supplied to the person in charge for attention. Some of the actions identified in the report had been addressed, while others were in progress.

An annual report on the quality and safety of care in the designated centre had not yet been prepared, as the centre was less than a year in operation.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff were present to support residents at all times both in the centre and when doing things in the local community. Staff also slept in the centre at night time.

There was a planned and actual staffing roster maintained and these were found to be accurate at the time of inspection.

The organisation had identified fire safety, adult safeguarding, behaviour that challenges, manual handling and first aid as mandatory training which all staff had attended.

Staff recruitment was not reviewed at this inspection.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that records as required by the regulations were maintained in the centre, although some improvement was required to the level of information required in some documents.

During the course of the inspection a range of documents, such as medical records, training records and healthcare documentation were viewed and were found to be generally satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were neat, clear, orderly and suitably stored; however, the recording of nutritional information and prescribing information required improvement.

While reviewing health care records, the inspector found that improvement was required to the documented plans of nutritional care and nutritional monitoring. For example, the dietician's recommendation to monitor a resident's weight weekly had not been implemented and staff weighed the resident monthly in line with the organisation's practice. A food diary, as also recommended by the dietitian, was not recorded in sufficient detail and did not include quantities of food eaten. Furthermore, nutritional interventions for cholesterol management were not included in a holistic nutritional plan for a resident.

The inspector also reviewed a sample of prescription and administration charts and found that they were generally well documented and contained most of the information required to enable staff to safely administer medications. However, while the dosage rates and routes of administration were being recorded in most entries, there were some instances where this information was not present to guide staff. This increased the risk of medication error.

**Judgment:**

Non Compliant - Moderate

## 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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Western Care Association
<b>Centre ID:</b>	OSV-0001778
<b>Date of Inspection:</b>	21 February 2017
<b>Date of response:</b>	27 March 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 05: Social Care Needs

**Theme:** Effective Services

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

Some social care plans were not recorded in sufficient detail to guide practice.

#### 1. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

<sup>1</sup> 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:**

A thorough review of Individuals Plans with in the service is taking place that will fully reflect the actions taken and the planning processes around meeting service user's needs

**Proposed Timescale:** 15/04/2017

**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:**

Some staff had not yet participated in any fire evacuation practices in the centre, and there was no plan in place to ensure that each staff member had the opportunity to participate a fire drill.

**2. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

All staff have participated in fire evacuation practices within the service and a schedule of future evacuations involving all staff is in place

**Proposed Timescale:** 28/02/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Documented plans of nutritional care and nutritional monitoring were not recorded in sufficient detail to guide practice.

The prescribing information in some prescription/administration charts was not recorded in sufficient detail to guide staff to safely administer medications.

**3. Action Required:**

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.



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

A comprehensive plan has been implemented to address the nutritional & dietary needs of all service users, based upon healthy eating principals.

The prescribing information as referenced in the report has been amended by the prescriber.

**Proposed Timescale:** 15/03/2017