

**Health Information and Quality Authority  
Regulation Directorate**

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



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| <b>Centre name:</b>                                   | Cheile Creidim Respite Services       |
| <b>Centre ID:</b>                                     | OSV-0003917                           |
| <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>                                | Ivan Cormican                         |
| <b>Support inspector(s):</b>                          | None                                  |
| <b>Type of inspection</b>                             | Unannounced                           |
| <b>Number of residents on the date of inspection:</b> | 3                                     |
| <b>Number of vacancies on the date of inspection:</b> | 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 10 January 2017 13:30 To: 10 January 2017 19:00

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

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| Outcome 01: Residents Rights, Dignity and Consultation |
| 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 inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 10 and 11 February 2015. As part of this inspection, the inspector reviewed the three actions the provider had undertaken since the previous inspection and found that all three actions have been addressed in line with the providers response.

How we gathered our evidence:

As part of the inspection, the inspector met with three residents and one family member. The family member spoken with expressed their overall satisfaction with the service and indicated that their relative enjoyed the service. Four members of staff were interviewed, including the person in charge and the area manager. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised of a single story house that can accommodate up

to four residents who have intellectual disabilities on a respite basis. This respite service was available to 25 residents. On the day of inspection, three residents were availing of this service. The inspector spoke with these three residents who indicated their satisfaction with the service. One resident explained that they liked choosing their own bedroom for the duration of their stay. Residents appeared relaxed and comfortable in the presence of staff and staff were observed interacting with residents in a warm and caring manner throughout the inspection. The bedrooms were of an ample size and were equipped with suitable storage for belongings and appropriate medication storage facilities for residents who self medicate. Residents could also lock their bedroom. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. The house was located in a suburban neighbourhood of a large town, where public transport such as trains, buses and taxis were available. Suitable transport was also available to residents who wished to access the community.

Overall judgement of our findings:

The findings of this inspection included compliance with the regulations under several outcomes including residents rights dignity and consultation, social care needs, healthcare needs, governance and management and medication management. However, the inspector also found that improvements were required in relation to outcomes including risk management, healthcare needs and workforce.

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

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

**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 inspectors found that residents were consulted about how the centre is planned and run. Residents' independence was actively promoted and their rights and dignity was respected.

Inspectors found that residents' opinion was sought in order to enhance their respite experience. Inspectors observed staff chatting openly with residents in regards to meal choice and activities. Residents had keys for their respective bedrooms, which they could lock if they so wished. Ample storage was also available for residents.

Documented monthly meetings were taking place where residents would discuss any issues or preferences within the centre. The inspector noted that residents meetings were alternated to accommodate the attendance of all residents who used the service. The person in charge advised that advocacy for residents was also available and information on residents rights was on display in a pictorial format.

The centre also had procedures in place for managing complaints, with an easy read version of the complaints process also available. All complaints received were documented clearly and investigated in a prompt manner by the person in charge. The complaints procedure included two nominated persons to manage received complaints. The procedure also indicated that an appeals officer and advocacy were available to aid residents in terms of submitting complaints. Residents spoken with stated that they would complain to the person in charge or a staff member if they were unhappy with the service.

**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:**

Inspectors found that residents' welfare and social wellbeing was maintained to a high standard within the designated centre.

A sample of residents' files were reviewed, each of which was individually assessed to include individual resident's choice, goals and healthcare needs. The person in charge stated that residents were supported in achieving their goals in a collaborative way with the involvement of family, key workers, the person in charge and staff members from both the respite and day service. Personal plans were reviewed annually and as needed to meet the changing needs of residents.

The inspector reviewed residents' daily logs which indicated that residents were actively involved in the local community. Residents went bowling, attended local hotels, public houses and music events. Staff were also observed discussing a choice of activities with residents on the evening of inspection.

Staff on duty completed a respite users information checklist each time the resident used the service. This highlighted any changes in the needs of residents, such as health, medications and relevant information which family members deem necessary for the care of the resident.

**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):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, inspectors found that the premises met the assessed needs of residents.

The centre comprised a single story house which the inspector noted to be clean, warm and bright. Residents were offered individual bedrooms and could avail of an adequate amount of shared bathrooms which were equipped to meet residents' needs. There was suitable kitchen facilities and living arrangements which were appropriately furnished. The person in charge had noted maintenance concerns on an internal review and had sought funding to address this issues.

The external grounds of the centre were found to be well maintained. There was also outside seating arrangements for residents to enjoy the garden.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

On the day of inspection, inspectors found that there were systems in place to promote and protect the health and safety of residents, visitors and staff. The actions from the previous inspection had been addressed with all risks as required by the regulations included in the centre's risk management policy.

The risk management policy was reviewed by inspectors. The risk management policy identified the procedures for the identification and management of risk in the centre. There was a safety statement and risk register which set out the risks in the centre and

the associated control measures. Residents had individual risk assessments in place, each risk was accurately described with an appropriate risk rating and subsequent control measures in place. However, the inspector found that the centre had no formal on-call arrangements in place to guide staff in the event of an emergency.

There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were maintained.

There was a vehicle for residents to use. Documentation viewed showed that this vehicle had been serviced and had passed a test to state it was roadworthy.

Systems were in place for the prevention and detection of fire. Training records showed that staff had received fire safety training. Regular fire drills were carried out and documented. The inspectors reviewed the maintenance and servicing records for the alarm and fire equipment and found that they had been serviced as required. Evacuation procedures were also prominently displayed in a user friendly format. Each resident had a personal emergency egress plan (PEEP) in place to guide staff on evacuating residents in the event of an emergency. The inspector noted that these PEEPS had been developed with residents in mind and had been presented in user friendly format using pictures, symbols and words.

**Judgment:**

Substantially 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:**

On the day of inspection, the inspector found that the centre had implemented measures to protect residents from being harmed or suffering abuse.

There was a policy and procedures in place for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they



witnessed abuse or received an allegation of abuse. Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Staff were aware of this person and knew how and when to contact them.

The centre had a restrictive practice in place. this practice was supported by recommendations from relevant healthcare professionals, and personal risk management plans. Permission was sought from the resident prior to the implementation of the practice and a referral had been sent to the organisation's human rights committee.

**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:**

On the day of inspection, the inspector found that residents were supported to achieve and enjoy the best possible health. The inspectors viewed a sample of residents' personal plans which showed that residents' health needs were being identified and responded to. Care plans were in place to cover needs such as epilepsy and diabetes. However the inspector found that improvements were required in relation to the review of some healthcare plans. The inspector also found that information was not available to staff to guide them in meal planning for residents with specific dietary requirements.

The inspector reviewed care plans which guided staff in delivering care for residents with healthcare needs, such as epilepsy and diabetes. Staff interviewed had detailed knowledge of the care requirements of these residents. However, the inspector found that the supporting care plans for these residents failed to include changes to prescribed medications. The inspector also found that residents with specific dietary requirements did not have supportive guidance for staff in terms of meal planning.

As residents lived with family members and attended the centre for respite breaks, their healthcare needs were supported in the main, by their families. The centre had relevant information such as the results of appointments and any supports the residents required.

Residents were supported to access their general practitioner (GP), dentist and allied

health professionals such as speech and language therapists, occupational therapists and physiotherapists as required.

**Judgment:**

Substantially 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):**

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

**Findings:**

On the day of inspection, the inspector found that the designated centre had procedures and policies in place for the ordering, prescribing, storing and administration of medications to residents.

The inspector reviewed a sample of medication administration recording sheets and prescription sheets which were found to be in line with best practice. Staff who were interviewed had a good knowledge of the procedures to be followed in the event of a drug error occurring. Staff also had a good understanding of the care requirements of residents who required sub-cutaneous medications. Staff were supported to administer this medication using a detailed prescription sheet. Appropriate training had been given to staff in relation to the safe administration medications and sub-cutaneous medications.

Appropriate procedures were in place for the receipt of residents' medications. A system was in place to account for all medications entering and leaving the centre which had been signed by staff. The person in charge was also carrying regular medication audits within the designated centre.

Residents had been assessed to self administer medications and suitable medication storage was available for those who wished to self medicate.

**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:**

On the day of inspection, the inspector found that there were management systems in place which promoted quality and safety within the service. The centre also had clearly defined management structures in place.

The inspector found that the person in charge had a detailed knowledge of residents' needs and their responsibility as detailed in the regulations. Staff within the designated centre stated that they felt supported by the person in charge to carry out their roles and received both formal and informal supervision. The person in charge also attended monthly team meetings and was in regular contact with staff in the designated centre.

The inspector reviewed the six monthly reports and the annual review of the quality and safety of care in the designated centre. The inspector found that an action plan had been generated from these reports. The person in charge had addressed the majority of actions with one outstanding action required in relation to maintenance within 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:**

On the day of inspection, the inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. The actions from the previous monitoring inspection had been addressed with all staff now up-to-date with training needs. However, the inspector found that improvements were required in relation to the staff rota.

The training matrix viewed indicated that all staff were up to date with training needs. Training records showed that all staff had received training in areas such as adult client protection, management of behaviours that challenge, manual handling, fire safety and medication management.

The person in charge maintained a planned staff rota which the inspector viewed and found to be accurate for the days of inspection. However, the rota failed to identify both start and finish times for staff and also failed to identify which staff member would cover the sleep-over in the centre.

**Judgment:**

Substantially Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Ivan Cormican  
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-0003917   |
| <b>Date of Inspection:</b> | 10 January 2017   |
| <b>Date of response:</b>   | 16 January 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 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:**

The provider failed to ensure that the designated centre had suitable on-call arrangements to support staff in the event of an emergency.

**1. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated

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

centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

A formalised on-call emergency system has been put in place and is available to all staff

All risks noted on the Hazard checklist have been included in the risk register.

**Proposed Timescale:** 12/01/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The provider failed to ensure that residents support plans were reviewed and amended to reflect changes in their healthcare needs.

**2. Action Required:**

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

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

The care plan in question has been updated to include recent medication changes.

**Proposed Timescale:** 16/01/2017

**Theme:** Health and Development

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

The provider failed to ensure that dietary advice was in place to guide staff in relation to the dietary requirements of residents.

**3. Action Required:**

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

The service is actively engaging with a dietician to support the service with specific guidance around meal planning to meet the dietary requirements of residents

**Proposed Timescale:** 10/02/2017

## **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The provider failed to ensure that the rota contained start times and finish times for staff. The rota also failed to identify which staff member would cover the sleep-over in the centre.

**4. Action Required:**

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

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

The roster has been changed to include start and finish times and to specify which staff is covering the sleep-over.

**Proposed Timescale:** 12/01/2017