

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Abbeydeale Residential Services
Centre ID:	OSV-0003918
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Catherine Glynn
Support inspector(s):	none
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 November 2016 10:00 To: 24 November 2016 16:30

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

Outcome 05: Social Care Needs
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 inspection

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care And Support For Residents In Designated Centres For Persons (Children and Adults) With Disabilities) regulations 2013. This was the second inspection of the designated centre. The inspector assessed seven outcomes as part of the inspection and reviewed actions from the last inspection day.

How we gathered our evidence

As part of the inspection, the inspector met with five residents, three staff (inclusive of the person in charge and the person participating in management) and observed work practices. The inspector also reviewed a sample of documentation such as, personal plans, fire procedures, risk assessments, incident logs, training records, medication records, staff files and audits completed. The inspector walked around the house's during the courses of the inspection at the designated centre. Throughout the course of the inspection, the inspector observed staff and residents interact and engage, in a respectful and warm manner.

Description of service

The centre comprised of three houses that accommodated seven residents. The three houses were located within close distance of each other and were located on the outskirts of a rural town. There was transport available for all the residents. The

inspector found that the statement of purpose described the service provided to all residents. The inspector found that residents were involved in decisions about their care and support.

All residents had private bedrooms which were decorated to their choice. The person in charge outlined that residents were able to access the community and attend social events with support or independently if they chose. Residents were involved in decisions about their care and support and they were consulted with about the running of the centre.

Overall findings

At the time of inspection, the inspector found that the one action from the previous inspection had been addressed involving additional information in the risk management policy. The inspector found that there was good practice in place to support the residents' social care needs. Of the seven outcomes inspected, seven were found to be compliant at the time of inspection.

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 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 the centre was providing residents opportunities to participate in meaningful activities' appropriate to their interests and preferences.

All residents had a personal plan completed, which had been reviewed on an annual basis or sooner if required. These plans outlined a detailed assessment of goals and support that the residents had specified in consultation with their families where possible. Where required, the plans were provided in picture format for the residents. Weekly activity planners were completed in the centre and on display in a communal area. The inspector found from review of daily notes that all residents were very active in their community, for example attending yoga classes, completing workshops, courses and participating in card games in the community centre.

Residents also had access to public transport where required. Staff supported residents to attend mass, shopping, eating out and meeting with their families. The vehicle available to the centre enabled residents to attend day services and community services.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that the person in charge had ensured robust systems were in place so that the health and safety of residents, visitors and staff was promoted and protected.</p> <p>Risk assessments had been completed for the centre and were reviewed annually as part of the centres overall risk management policy and procedures. Risks were identified, with measures outlined to manage or reduce risks that were proportionate to residents identified goals. The inspector found that learning was evident from a review of the incidents recorded.</p> <p>Fire procedures were on display in the centre. Records of fire drills, testing of equipment and servicing records were all stored in the centre. Drills were completed on a weekly basis throughout the centre, to ensure all residents and staff were involved. Timely evacuations were recorded. Evacuation plans were completed for all residents in the centre. The plans outlined how each resident would be evacuated in the event of an emergency, how they responded to drills and if they required assistance. An up-to-date health and safety statement was in place at the time of inspection. Staff and residents spoken with were familiar with the procedures in the event of a fire.</p>
<p>Judgment: Compliant</p>

<p>Outcome 08: Safeguarding and Safety <i>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.</i></p>
<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre had a policy and procedures in place to ensure residents were protected</p>

from abuse.

Staff spoken with were found to be informed and aware of the policies and procedures to safeguard residents from abuse. The staff readily identified the designated officer and knew what constituted abuse. All staff were trained in safeguarding and understanding abuse.

Residents spoken with reported that they felt safe, supported and felt confident they would report any concerns to staff. Positive behaviour support was provided in the centre with evidence of on-going reviews and multidisciplinary support through psychiatry and behaviour therapists. All staff were trained in the management of behaviours that concern. There were no restrictive procedures occurring in the centre at the time of inspection.

The inspector found that residents' finances were managed in a clear and transparent manner. All money was securely stored and was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident, all transactions were clearly recorded and signed and receipts were maintained for all purchases where required.

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:

All residents were supported to achieve and enjoy the best possible health. Comprehensive assessments of healthcare needs were completed for all residents in their personal plans.

All residents had access to a general practitioner (GP) of their choice and were supported to attend. Annual health checks were completed for all residents'. Referrals to allied health professionals were facilitated through the GP, such as chiropody, physiotherapy and psychiatry. No residents required dietetic services at this time but were actively engaging in healthy eating plans with support from staff.

Individualised support plans were in place for all residents' assessed health care needs. These plans were clear and provided detailed guidance to direct staff in care support

tasks. Access to allied health care services was evident for residents and such services had been provided in a timely manner.

Residents were able to access snacks and drinks of their choice at any time in the centre. Inspectors were informed by residents that they chose their meals at weekly meetings and were involved in the preparation and cooking of meals.

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:
Overall the inspector found that there were safe and effective management systems in place to support residents in the designated centre.

The inspector found that the medication management policy was in place and in date. This included the arrangements for ordering, storing, disposal and stock control. Staff spoken with were knowledgeable regarding the local policy and procedures. Appropriate storage facilities were in place for all medications in the centre, in a locked cupboard. This included current medication and any medication for disposal or return to pharmacy. The inspector found that the medication documentation was in line with the regulations at the time of inspection.

There was a system in place for the reporting and management of medication errors. The inspector found that at the time of inspection all medication errors were reported as required and had been processed according to the policy in place. Learning was evident from such incidents, for example additional audits to review practice. Medication management training had been completed by all staff working in the designated centre.

The inspector found that residents had been offered opportunities to self medicate and were assisted to develop the skills to safely complete safe medication management training. All documentation was completed to reflect a robust system to assist the residents in achieving this independence

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 registered provider had ensured that adequate resources were in place to ensure effective delivery of care and support as identified in the statement of purpose.

The person in charge had responsibility for the overall management of the service and for overseeing the quality of care delivered to residents. The person in charge and staff knew the care needs of residents and demonstrated a clear commitment to improving the service offered to these residents.

The role of person in charge was full time and the person who filled the post was suitably qualified and experienced. The person had extensive experience working with people with intellectual disabilities. There were arrangements to cover the absence of the person in charge and there was an on call out of hours rota system in place to support staff.

There were systems in place for monitoring the quality and safety of care within the centre. All accidents, incidents and complaints were recorded and kept under review within the centre for the purpose of identifying trends. Members of the management team had commenced unannounced visits to the centre every six months, on behalf of the provider, to review the quality of service and compliance with legislation. Findings from all audits and reviews were communicated to the person in charge for attention and were also reported to the provider for inclusion in the annual review.

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 at the time of inspection. Staff had been suitably recruited and had received a range of training appropriate to their roles.

There was a planned and actual staff roster which the inspector viewed and found to be accurate. Staff were present in the centre to support residents at all times including weekends. Staff accompanied residents for outings, such as concerts, trips away and activities in the local community. Residents were also independent in accessing the local community where possible.

Staff confirmed and training records indicated that they had received training in fire safety, adult protection, behaviour management and manual handling, all of which were mandatory in the organisation. In addition, staff had received other training, such as medication management.

The inspector reviewed three staff files and found that they met the requirements of schedule two. Staff support was in place and provided by the person in charge. The person in charge received supervision from their line manager and received this on a quarterly basis.

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:

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