

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Newlands Residential Service
Centre ID:	OSV-0005604
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
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: 23 May 2017 09:00 To: 23 May 2017 15:00

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection:

This was a new designated centre which had not previously been registered or inspected by the Health Information and Quality Authority (HIQA). This inspection was carried out to monitor compliance with the regulations and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector met with the person in charge and two area managers. The inspector visited the proposed designated centre where documentation such as transition plans, health and safety documentation, policies and procedures and staff files were reviewed. The inspector did not meet any residents who were identified to transition to the proposed centre.

Description of the service:

The provider had produced a document called the statement of purpose that explains the service they provide. This service proposed to provide a residential service for one resident with an intellectual disability. The proposed centre was a moderate sized, detached single story house which was located in a suburban neighbourhood

of a large town, where public transport such as trains, buses and taxis were available. The centre had two reception rooms, a medium sized kitchen, two bedrooms, one staff room, one bathroom and utility room. Refurbishment of the proposed centre was almost complete and one resident had been identified for admission to this service. The provider had secured a tenancy agreement with a private landlord for a duration of five years.

Overall judgment of our findings:

The inspector found that overall the proposed centre would meet the needs of the resident identified for admission. Areas of compliance with the regulations were observed in outcomes such as safeguarding and healthcare. Improvements were required in relation to outcomes including admission, social care, premises, medications, statement of purpose governance and management 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 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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the proposed designated centre had an admissions policy and procedures in place.

The provider had a proposed written agreement in place which stated the services to be provided, the fees to be charged and any additional charges the resident may incur. However, the written agreement contained conflicting information in regards to the charges for diesel usage. The identified resident for admission to the centre had not yet signed the tenancy agreement; however, the person in charge stated that signatures would be sought prior to admission to the centre.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the provider had completed an assessment of needs for one resident prior to their admission. However, improvements were required in relation to transition planning.

A transition plan had been formulated with the involvement of the resident, family members, key workers and allied health professionals. The transition plan involved the resident and their family visiting the proposed centre on a regular basis. The plan highlighted the initial move of the resident into the proposed centre, once the registration certificate was received. However, the transition plan failed to identify how the resident was consulted or involved in decisions such as choosing their bedroom or furniture for the house.

The provider had completed an assessment of need for the resident which examined the health, social and personal care needs of the resident. The assessment identified the importance of the resident developing personal skills following admission to the centre.

The resident had a personal plan in place which the provider intended to review within 28 days of the resident being admitted to 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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the inspector found that the premises would meet the assessed needs of the proposed resident. However, improvements were required in regards to maintenance

The centre had a sufficient amount of reception rooms for the resident to have visitors. The resident's bedroom was of a suitable size with appropriate storage available. The person in charge planned to have appropriate outdoor recreational facilities in place

prior to the resident being admitted to the centre.

The centre had one bathroom a medium sized kitchen which was appropriately equipped. One of the reception rooms also had a dining table. The centre was clean, warm and had appropriate lighting and ventilation.

The grounds of the centre required improvements with uneven ground to the front and rear of the house which posed a trip hazard. Additional fencing was also required in the boundary areas of the property. The provider had a plan of works in place to address these maintenance issues.

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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the inspector found that the proposed designated centre promoted the health and safety of residents, visitors and staff. However, improvements were required in relation to risk management and the residents' personal emergency egress plan (PEEP)

The centre had a fire alarm, smoke detectors, heat detectors, fire blanket and emergency lighting in place. Fire doors were also in place throughout the premises. Bedroom doors had an automatic door closer which was linked to the fire alarm. Automatic doors closers were also in place in identified areas of high risk such as the kitchen and sitting room. A centre emergency evacuation plan and PEEP had also been formulated. However, this PEEP failed to identify the use of cue cards to inform the resident of an emergency.

The centre had procedures in place to monitor fire precautions within the centre. The person in charge stated that staff would conduct regular checks of the fire panel, exits, emergency lighting, extinguishers and smoke detectors. Fire drills were planned to occur at regular intervals following admission of the resident to the centre.

The centre had a risk management policy in place. The person in charge maintained a risk register and had completed risk assessments for residents. The inspector found that not all risks had been identified in the centre such as infection control, the use of open fires and a solid fuel stove. Some risks which may affect the resident were also not

identified.

The centre had systems in place for the monitoring and response to adverse events. The centre also had a health and safety statement in place.

The provider proposed to have a cleaning schedule and colour coded mops in place prior to any admissions to the centre with hand washing also promoted.

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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the inspector found that the proposed designated centre had systems in place to protect residents from potential abuse.

The centre had policies on safeguarding, the provision of behavioural support and the use of restrictive practices. All staff had been trained in 'children first' or were scheduled to attend this training, prior to admission of the resident. Staff who had not attended safeguarding training were also scheduled to do so. The provider had a reporting procedure and designated officer in place to manage any allegations of abuse. The provider also proposed to display information on identifying and reporting of abuse, including the designated person to manage allegations of abuse.

The proposed resident had a behaviour support plan in place for when they used a respite service. The provider proposed to review this behaviour support plan following the resident being admitted to the service. The provider also envisaged that many aspects of the behaviour support plan would not be required following this admission.

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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the inspector found that the best possible health of the resident would be promoted in the designated centre.

The resident had access to a general practitioner of their choice and their current personal plan indicated that they were regularly reviewed by health professionals; such as, ophthalmology, paediatrics, physiotherapy and occupational health .

The personal plan also contained a health action plan which had a detailed medical history and an associated plan of care. The plan also contained a list of immunisations and relevant family histories of medical conditions.

The provider proposed that the resident would be supported to prepare home cooked meals in the centre and a personal development plan would be implemented to develop these skills with the resident.

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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the proposed centre had policies and procedures in place for the safe administration of medications. However, improvements were required in relation to the storage of medications and protocols for the administration of 'as required' medications.

The person in charge stated that regular audits of medication practices would be occurring in the designated centre. The resident would also be supported to self-medicate following a risk assessment.

Prescriptions sheets contained appropriate information for the safe administration of medications; however, some protocols for the administration of 'as required' medications were not in line with prescription sheets and did not contain sufficient information to guide staff as to when a medication should be used.

The centre did not have appropriate storage for medications in place; however, the person in charge stated that appropriate medication storage would be in place prior to any admissions to the centre. There were no medications stored in the centre on the day of inspection.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the provider had produced a statement of purpose for the intended designated centre. The inspector found that this document did not contain the relevant information as detailed in Schedule 1 of the regulations.

The following required some improvements:

- the facilities which are to be provided
- the are range of the residents
- accurate floor plans
- supervision of therapeutic techniques
- arrangements for consultation with residents
- arrangements for contact between the child and relevant social workers
- fire precautions within the centre

Judgment:

Non Compliant - Moderate

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):

This was the centre’s first inspection by the Authority.

Findings:

On the day of inspection, the provider had proposed to implement effective governance and management systems within the designated centre. However, the accreditation certificate for the management course which was completed by the person in charge was not available for review.

On the day of inspection, the inspector found that the person in charge was suitably experienced and had a good knowledge and understanding of the regulations and required notifications which were to be submitted to the Health Information and Quality Authority (HIQA). The person in charge had completed a management course and proof of this course was available in their staff file; however, the accreditation certificate for the management course, which was completed by the person in charge, was not available for review.

The person in charge stated that the centre would have management systems in place to provide appropriate care and support to residents. The person in charge stated that they would be carrying out regular audits of medications, residents finances, complaints, fire precautions and health and safety within the service.

The person in charge stated that the organisation would conduct six monthly audits of the care and support offered to residents and that an annual review of the service provided, would be completed as required.

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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, the inspector found that the proposed staffing arrangements would meet the assessed needs of the resident. However, improvements were required in relation to staff files.

The provider had a proposed roster in place and staff had been recruited to support the resident identified for admission. The inspector reviewed a sample of these staff files and found they did not contain all requirements of Schedule 2 of the regulations including,

- dates that staff members had commenced employment
- full employment histories
- the position the person holds

Staff training records indicated that staff had attended training in fire safety, child protection, manual handling, supporting residents with behaviours that may challenge and safeguarding. Where staff had not received training in child protection, this was scheduled to take place in the coming weeks.

The provider proposed that staff receive regular support and supervision and staff meetings would be held on a monthly basis.

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:

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 report¹

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0005604
Date of Inspection:	23 May 2017
Date of response:	09 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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:

The provider failed to clarify the charges the resident will incur for diesel usage.

1. 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

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

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 Individual Service agreement has been amended to reflect the correct charges to Service User for Diesel usage.

Proposed Timescale: 23/05/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

The provider failed to ensure that transition plans detailed the involvement of the resident in decisions made in regards to the proposed designated centre.

2. Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

The transition plan has been amended to reflect the Service User involvement to date and proposed supports and involvement as they make the transition from the family home to their own home.

Proposed Timescale: 07/06/2017

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 provider failed to ensure that the grounds of the designated centre were appropriately maintained.

3. Action Required:

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

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

The boundary fence at the rear of the premises has been erected.

The uneven ground outside the property has been levelled and has been concreted.(Evidence attached)

Proposed Timescale: 07/06/2017

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:

The provider failed to ensure that all risks had been identified in the centre.

4. Action Required:

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

The Local Risk Register has been updated to include Infection control.

The PRMP has been updated to include the open fire, the stove, and the hob.

Proposed Timescale: 31/05/2017

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 residents' personal emergency egress plan identified the use of cue cards to inform the resident of an emergency.

5. 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:

The PEEP has been updated to reflect the use of Cue Cards

Proposed Timescale: 29/05/2017

Outcome 12. Medication Management

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 appropriate storage was in place for medications.

6. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated

centre is stored securely.

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

A medication cabinet is now located in a secure position in the Service User's bedroom.

Proposed Timescale: 25/05/2017

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 protocols for the administration of 'as required' medications were in line with prescription sheets and accurately guided staff as to when a medication should be administered.

7. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The protocol identified as not being in line with the prescription sheet has now been amended to provide clear and sufficient information as to how the medication should be administered.

Proposed Timescale: 25/05/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure that the designated centre's statement of purpose contained all information as required in Schedule 1 of the regulations.

8. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The revised statement of purpose includes all information as required in Schedule 1 of the regulations.

Proposed Timescale: 07/06/2017

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:

The provider failed to ensure that the accreditation certificate for the management course completed by the person in charge was available for review.

9. Action Required:

Under Regulation 14 (3) (b) you are required to: Regulation 14 (3) (b) Ensure the person who is appointed as person in charge on or after the day which is 3 years after the day on which these regulations came into operation has an appropriate qualification in health or social care management at an appropriate level.

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

A certificate of a management skills training was available in the staff file for the person in charge. The provider's interpretation of the regulation is such that the provider is confident that the person in charge is suitably qualified to perform the role of person in charge competently.

Proposed Timescale: 08/06/2017

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 all requirements of Schedule 2 of the regulations were in place.

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:

The PIC has updated the information on Schedule 2 and is now correct. The updated information is held in the staff files.

Proposed Timescale: 05/06/2017