



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	The Acres Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	01 October 2020
Centre ID:	OSV-0004810
Fieldwork ID:	MON-0030406

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre is registered to provide a service for up to three adults who have an intellectual disability. The centre is located within walking distance of a small town where public facilities such as shops and public houses are available. Transport is also made available to access their local community. Each resident has their own bedroom and individualised living arrangements are in place for some residents in the centre. Each resident attends a local day service and residents are also supported to develop living skills through an individualised skills building programme which is provided in the centre.

Residents are supported by a combination of social care workers and social care assistants and two staff members are available to support residents at all times of the day and night. There is a sleepover arrangement in place at nighttime which is covered by two staff. An out-of-hours on-call system is in place to provide further support, if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 1 October 2020	11:00hrs to 16:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector did not speak with any residents during the inspection, as the residents who resided in the centre were out taking part in other activities on the day of inspection.

Capacity and capability

Overall there was a good level of compliance with regulations relating to the governance of the centre and the management arrangements ensured that a good quality service was provided to residents. However, some improvement was required to the oversight of infection control training and some healthcare documentation.

The person in charge was familiar with residents' care and support needs. Although involved in the management of two designated centres, the person in charge was based predominantly in this centre and worked closely with a wider management team to ensure a good level of governance in the centre.

Six-monthly unannounced audits were being carried out on behalf of the provider. The most recent of these audits indicated a high level of compliance and also found that any actions arising from the previous provider led audit had been addressed. The person in charge and staff also carried out a wide range of ongoing audits of the service including audits of individualised plans, health and safety, finances, medication management and staff employment documentation.

The provider had ensured that staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person in charge. These were clearly documented, were updated as required and were accurate at the time of inspection. The staff allocation ensured that staff were always available when residents were in the centre. The person in charge also explained the staffing cover arrangements that were in place in the event of an emergency.

A range of up-to-date policies and procedures were also available to guide staff and inform practice in the centre. Some policies, such as the risk management policy, had been updated to reflect changes arising from COVID-19.

The provider had ensured that records were well managed. The inspector viewed a sample of records, including documentation relating to risk management, staffing, restrictive practice and healthcare. Records viewed were maintained in a clear and

orderly fashion, were up to date and were readily available to view when requested.

The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it enter the centre. The inspector viewed this plan and it was comprehensive and relevant. The contingency plan included training arrangements and provision of a range of up-to-date information and guidance regarding COVID-19. The plan also included a range of safety measures which were being implemented, such as temperature monitoring, updated risk assessments, a cleaning schedule and revised protocols for visiting.

The person in charge was familiar with the requirement to make notification of certain events, including the use of any restrictive interventions, to the Chief Inspector of Social Services and this was being carried out as required.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Staffing levels were clearly stated on the staffing roster.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, some improvement was required to the oversight of some staff training and healthcare documentation.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notification of restrictive practice, to the Chief Inspector of Social Services, and these had been suitably submitted.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were a wide range of policies and procedures available to guide staff and the sample viewed during the inspection were up to date.

Judgment: Compliant

Regulation 21: Records

A sample of records viewed were maintained in a clear and orderly fashion and were up to date.

Judgment: Compliant

Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted and that residents were kept safe.

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. Overall, there was evidence that the health needs of residents were assessed and suitable plans of care had been developed to guide the management of any assessed care needs. Referrals to general practitioners, consultants and healthcare professionals were being made as required. Staff monitoring residents' temperatures daily and were reviewing residents for the signs and symptoms of COVID-19. However, a plan of care for support of a specific healthcare issue had not been developed to inform staff. This presented a risk that staff might not have ready access to consistent, up-to-date information to guide practice.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of PPE and daily monitoring of staff and residents' temperatures and health symptoms. A detailed cleaning plan had also been developed and was being implemented. The provider had also made it a requirement for all staff to attend online infection control training and there were records that some staff had completed this training as required. However, there was limited evidence to demonstrate that all staff had attended the training in line with the organisation's practice.

The provider had made arrangements to manage and reduce risk in the centre. These included risk identification and control, a health and safety statement and a risk management policy. The centre's risk register included a range of environmental risks such as violence and aggression, self harm and slips, trips and falls, in addition to individualised risks specific to individuals. The risk register had also been updated to include risks associated with COVID-19.

The provider had ensured that there were effective measures to safeguard residents from any form of harm. These included safeguarding training for all staff, an up-to-date safeguarding policy and development of personal care plans for all residents. Some restrictive interventions were in use for the safety of residents and these had been reviewed and approved by the organisation's rights committee.

There were measures in place to ensure that residents' rights were being upheld. Annual assessments of rights were being completed for all residents. This included assessment of residents' access to personal belongings, use of alcohol, food choices, budgeting and money, communication, daily choices freedom of movement.

Overall, there was a good level of compliance with regulations relating to the quality and safety of the service.

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks, including risks associated with COVID-19, were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice.

Judgment: Compliant

Regulation 27: Protection against infection

There were strong measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. It was the organisation's requirement that all staff attend online training in various aspects of infection control and management. However, there was insufficient evidence to demonstrate that this had been completed by all staff.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, there were suitable arrangements in place to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. However, the provider had not put suitable measures in place for the support and management of an identified healthcare need.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents had freedom to exercise choice and control in their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 21: Records	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Acres Residential Service OSV-0004810

Inspection ID: MON-0030406

Date of inspection: 01/10/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider has reviewed the training requirements of staff in this centre and are satisfied that they meet the regulatory requirements.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>All staff completed training requiredThe provider has reviewed the training requirements of the staff team in the centre and are satisfied they are met.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The provider has reviewed the Health Care Needs of the resident in the centre and are satisfied the appropriate supports and follow up are in place.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	02/10/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	02/10/2020

	published by the Authority.			
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	10/10/2020