

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001783
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 July 2014 12:00 To: 17 July 2014 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of this designated centre by the Health Information and Quality Authority (the Authority). As part of the inspection, the inspector visited the centre and met with residents and staff members. The inspector observed practices and systems in place for fire safety, risk management and staffing and recruitment.

Overall, the inspector found that residents received a good quality service in the centre. Residents were supported to pursue their interests and to attend day services suited to their needs. The centre was well maintained, comfortable, suitably furnished and there was assistive equipment supplied to support residents' needs.

There were measures in place to ensure the safety of residents, staff and visitors and staff had been suitably recruited.

There was some improvement required, however, in the risk management, implementation of improvements arising from outcomes of fire drills and control of water temperatures.

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 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):

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

Findings:

Aspects of rights, dignity and consultation were not reviewed on this inspection. The management of residents' belongings and finances and participation in activities were reviewed.

Residents were supported and encouraged to have control over their own finances and there were satisfactory procedures in place to protect residents who required assistance in this area. Each resident had his/her own bank account. There was a clear and accountable system in place for any transactions made on behalf of residents and all transactions were witnessed and signed by a social care worker. The person in charge showed the inspector annual audits of financial transactions carried out by the organisation's financial controller.

Each resident had his/her own bedroom. The bedrooms were suitably furnished and decorated with residents' personal effects with sufficient storage space for residents' belongings. There was specialised assistive equipment provided in both bedrooms and bathrooms to enhance residents' autonomy and independence.

Arrangements were in place to ensure that residents could participate in activities outside the centre. All of the residents attended day services in the local area on weekdays, although one of residents who was not well at the time of inspection, was supported to stay at home. There was a bus available to transport residents to day services or other activities they wished to participate in.

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):

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

Findings:

The building was well maintained, comfortable and met the needs of residents.

It was located close to a town and a range of local amenities. The house was single story and both the building and grounds were wheelchair accessible throughout.

There was an adequate number of baths, toilets and showers to meet the needs of residents. The provider was in the process of carrying out renovations to the building to improve the level of comfort and accessibility to residents. Some bedrooms had been extended to provide additional space for assistive equipment and bedroom and bathroom doors had been widened to provide improved access and egress.

A good standard of hygiene was noted and there was appropriate heating, lighting and ventilation. An exterior building was also available for storage and there was a gym for group gatherings and exercise equipment. The gym was also the designated assembly point in the event of an evacuation. In addition, there was a hydrotherapy pool which was accessible to all residents. The pool, changing rooms and shower areas were all wheelchair accessible and well equipped with hoists and assistive equipment. The maintenance person had received training in pool treatment management and monitored the disinfection levels daily.

The centre also had a multi sensory room, equipped with a fusion of sensory experiences such as music, lighting and touch. Staff said that residents found this room very relaxing and they enjoyed spending time there.

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):

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

Findings:

Practices were in place to promote the safety and health of residents, staff and visitors, although improvements were required to the control of hot water temperatures at outlets, the risk management policy and the management of some risks.

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. Risk assessments were routinely carried out and issues were identified. An individual risk management plan had been developed for each resident and was incorporated with the residents' personal planning documentation. There was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation.

A safety statement and risk management policy and risk register were in place which set out the risks in the centre and the associated control measures. However, while there were generally good control measures documented for the management of risk, some areas were not covered in sufficient detail to guide staff. For example, the infection control measures did not include sufficient information such as handling infected clothing and bedding or laundry temperatures. The inspector also found that this information was not contained in the infection control policy. There was an organisational risk management policy which the inspector reviewed following the inspection. The policy was up to date and informative and provided guidance on areas of risk management including risk assessment, development of personal risk management plans and balancing safety and rights. The arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents were contained in an accompany policy which was used in conjunction with the risk management policy.

During the inspection the inspector found that the water temperature at wash hand basins throughout the centre was excessively hot and this was brought to the attention of the person in charge. She explained that she had already identified this as an area for improvement as the previous thermostat was no longer operational and she had requested that this maintenance be carried out. Following the inspection the person in charge confirmed to the inspector that this work had been completed and that a suitable maximum temperature of 43 degrees Centigrade was being maintained at all wash hand basins.

The inspector reviewed fire drill records and saw that they were carried out on a regular basis. A detailed record of each drill was maintained and issues identified during the drill were clearly recorded and discussed with the staff for learning. However, some of the issues identified at previous fire drills had not yet been addressed at the time of inspection. The training records indicated that staff members were provided with formal fire safety training at defined intervals. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order.

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:

The inspector found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable about the requirements of the Regulations and Standards, and had a very good overview of the health and support needs and personal plans of residents.

She was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. The person in charge told the inspector that she received regular support from her line manager. She attended monthly meetings with her line manager and other social care leaders in the organisation. The provider had established a clear management structure, and the person in charge was clear about the various roles and responsibilities of staff.

Suitable arrangements were in place to cover the absence of the person in charge.

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):

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

Findings:

The inspector was satisfied that all staff had been recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 such as suitable references, photographic identification and employment histories.

The inspector reviewed a sample of staff rosters and noted that on the days of inspection the roster reflected the number of staff on duty. There was one social care worker and three social care assistants on duty during the day as well as the person in charge who worked full time in the centre. There was one social care worker and two social care assistants on duty in the late evening/night when residents were going to bed and there was one social care worker on duty throughout the night. Arrangements were in place for additional night-time support if required. In addition there was a maintenance person who was in the centre and met with the inspector during the inspection. Staffing levels were based on the needs of residents and were determined by the experience of the person in charge and reviews of residents' needs by the physiotherapist and occupational therapist.

There were a range of health care supports available within the organisation, which included the services of a health and safety officer, occupational therapist, speech and language therapist, behavioural support specialist and a social worker.

The organisation had identified fire safety, abuse prevention, manual handling and first aid as mandatory training which staff were required to attend every three years. Some staff had recently attended training in behaviour that is challenging and this training was also included for all staff as part of the induction process. The person in charge was scheduled to attend training in management of epilepsy in August 2014. The person in charge carried out quarterly staff supervision reviews which were retained on staff files. She had identified a need for individual care planning training and for training in epilepsy care.

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:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001783
Date of Inspection:	17 July 2014
Date of response:	8 September 2014

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 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:

Control measures for some areas of risk were not covered in sufficient detail in the risk register. The infection control measures did not include sufficient information such as handling infected clothing and bedding or laundry temperatures.

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

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The PIC will update the Hazard Identification sheets in the Risk Register to include the handling of infected clothing and bedding and ensuring the appropriate temperatures are used to launder all soiled linen

Proposed Timescale: 15/09/2014

Theme: Effective Services

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

Some of the issues identified during fire drills as requiring improvement had not been addressed at the time of inspection.

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 registered provider will ensure that the issues identified during fire drills as requiring improvement have been addressed as follows:

1. Electrical sockets have been relocated in bedrooms to ensure ease of access
2. Wires from the profiling beds have been secured and no longer pose a hazard during fire drill evacuations
3. Floor surfaces at emergency exits needs to be addressed to allow safe and quick exit from the building in the event of an emergency –this will be completed by the 31/10/2014

Proposed Timescale: 31/10/2014