

**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-0003917 |
| Centre county: | Mayo |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Western Care Association |
| Provider Nominee: | Bernard O'Regan |
| Lead inspector: | Gary Kiernan |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 4 |
| 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

| | |
|------------------------|------------------------|
| From: | To: |
| 10 February 2015 10:30 | 10 February 2015 19:30 |
| 11 February 2015 09:30 | 11 February 2015 13:00 |

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 02: Communication |
| Outcome 03: Family and personal relationships and links with the community |
| 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 09: Notification of Incidents |
| Outcome 10. General Welfare and Development |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 15: Absence of the person in charge |
| Outcome 16: Use of Resources |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

This monitoring inspection of a designated centre operated by Western Care was the first inspection of the centre by the Health Information and Quality Authority (the Authority). The inspection was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspector visited the centre and met with residents, relatives and the staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

The centre provided respite care to residents on a short term basis, usually for stays of between two and three days. Residents availed of the service to varying degrees and some used the centre on a weekly basis. The designated centre was located in an urban area within walking distance of a town centre and local amenities. The centre was operated from a domestic, single storey house and provided sleeping accommodation for four residents and one staff member at any one time.

The inspector found that residents received care and support to meet their needs. There was evidence of a high level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

However, the inspector was concerned that staff had not been provided with some of the specialist training required to care for some residents. Satisfactory arrangements for an independent advocacy service had not been put in place. Some improvements in medication management were also required.

There was a clearly defined system of governance and management. The inspector found the service was managed and run by a suitably qualified person in charge who had good oversight of the service and systems in place to monitor the quality and safety of care. Staff members were professional in their approach and interacted with residents in a warm and caring manner. Residents told the inspector that they liked the staff and they always looked forward to their stays in the centre.

Residents were consulted about their care needs and had a say in the organisation and daily routine of the centre. There was a good system of individualised assessment and care planning to meet resident's individual needs. There were strong links with other staff who knew the residents well, for example, staff from the day service and staff from the behavioural support team. The health care needs of residents were met while attending this respite centre. Residents were supported to participate in education and employment while they attended the centre.

Appropriate protection and safeguarding systems were in place to protect residents from the risk of abuse. Satisfactory risk management procedures were in place. However, the risk management policy document did not meet the requirements of the Regulations.

These matters are discussed further in the report and in the action plan at the end of the report.

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):

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

Findings:

The inspector found that residents' rights and dignity were promoted. Residents were consulted about the operation of the centre.

Residents told the inspector that they were offered choice in their daily routine and they decided how they liked to spend their free time in the centre. Each resident was supported to pursue different interests and hobbies and staff were provided to facilitate this as required. A schedule was provided in the kitchen of the centre and the inspector observed residents completing this schedule using pictures and stickers in accordance with the residents' preferred communication methodologies. Staff were provided to facilitate different interests and hobbies on an individual basis.

Residents were consulted about how the centre was planned and run in a number of different ways. Residents told the inspector they planned the meals and shopping. Residents also used a communication board in the kitchen to create the shopping list and residents told the inspector that they assisted with grocery shopping. Regular resident's meetings were held and the minutes showed that these meetings were used for the purposes of consultation and seeking feedback.

Residents' religious and civil rights were respected. Some residents were chose to go to religious services and this was supported and facilitated by the staff.

Staff members interacted with residents in a very respectful manner. Residents said that their privacy was respected. Residents said no one entered their rooms without permission and they each had locks on their doors and lockable storage.

The inspector reviewed the systems and documentation in place for the management of complaints. An easy-to-read complaints procedure was displayed in the centre which encouraged residents to raise any issues which they might have. The complaints officer and an appeals process was identified. There was an extensive complaints policy in place and the person in charge and staff were very familiar with its contents. There were no active complaints under investigation at the time of inspection.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

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

Findings:

Residents were supported and assisted to communicate in accordance with their needs and preferences.

Residents' communication needs were identified in the personal planning documentation. Staff were aware of the communication needs of all residents and any recommendations from the speech and language therapist were documented and staff followed them. The inspector observed staff and residents communicating freely. As highlighted in outcome one, there was an effective picture board communication system in place which residents used to communicate their preferences for the daily schedule and grocery shopping. Some residents used electronic tablets for the purpose of communication and this was documented in personal plans. A tablet device had been purchased and was available in the centre as a back up to residents' own equipment.

Residents had access to television, radio, social media and internet. Residents had their own mobile phones and were provided with support and skills training to use them, where required.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community while attending this respite centre.

Residents stated that their friends and families were welcome in the centre and were free to visit. Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date. Residents and their family members were invited to participate in the development of personal plans at regular meetings and the inspector read a number of records of these meetings.

Residents participated in their community in a number of different ways, for example, residents described regular trips to their favourite restaurants, bowling, music events and weekends trips away with support from staff from the centre.

Judgment:

Compliant

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:

The admissions process was appropriately managed and contracts of care were in place.

There had been a recent admission to the centre and the inspector found that this had been well managed. Prior to the admission there was a consultation process with the resident, day care staff and family members. Risk assessments were carried out and a

plan was developed to meet health care needs. The inspector found that this process facilitated a smooth transition for all involved. There were policies and procedures in place to guide the admissions process. The person in charge was fully aware of the need to manage any admissions having regard to the needs and safety of the individual and the needs of the other residents in the centre.

Each resident had a written contract of care in place to deal with the nature and extent of the service to be provided to the resident. All residents were charged an agreed rate as per their contract agreement and these contracts were signed and dated by the residents and the person in charge. The contracts were clear and easy to understand.

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):

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

Findings:

The inspector found that residents' wellbeing and welfare was promoted through a high standard of evidence based care and support.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found personal plans were developed to a high standard and were focussed on improving the quality of residents' lives. Residents' individual goals and aspirations were clearly identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to. The personal plans which had been developed were person centred and were developed in consultation with the resident and relevant staff at "circle of support" meetings. The person in charge had a system in place to ensure that support was provided to meet these goals. The inspector found that staff were sufficiently familiar with this information. The inspector found that there was multi-disciplinary input in the care of residents as provided by social care workers, the psychiatrist and behavioural support team as needed.

Residents' personal plans identified health and social care needs and provided detailed guidance on how to meet these needs. Care plans were based on assessments and the plans were updated in response to any changes in the resident's condition. Resident's files contained information relating to areas such as personal risk assessments, individual emergency evacuation plans and information about medications. The person in charge said she usually discussed any changes in the care needs prior to admission. However, this process was not consistently recorded. The person in charge discussed plans which she had in place to address this.

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):

No actions were required from the previous inspection.

Findings:

The premises was well maintained, comfortable and homely and met the needs of residents who were present at the time of inspection.

The centre was located within walking distance of a town centre. A range of local amenities were available close by. The premises consisted of a large, detached single storey house set in on its own site with gardens to the front and rear.

There were five bedrooms one of which was allocated for staff. A kitchen, utility area, sitting room and kitchen diner were provided. The rooms were of a suitable size and layout to meet the needs of the residents. An accessible bathroom with shower and toilet was provided. There was also an additional toilet with wash hand basin off the utility area.

A number of residents showed the inspector their bedrooms. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents' preferences. There was ample storage in each bedroom including lockable storage for medications and valuables. A television was provided in each bedroom.

A high standard of cleaning and hygiene was noted and there was appropriate heating, lighting and ventilation. A garden shed provided storage for garden furniture and

miscellaneous items.

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:

There were systems in place to promote and protect the health and safety of residents, visitors and staff. The risk management policy required some improvement.

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. However, the policy did not address all the risks specified in the Regulations such as self harm, violence and aggression. The person in charge undertook to address this.

The inspector found that the person in charge and other staff were very aware of risk management procedures in the centre. Risk assessments were routinely carried out where issues were identified, for example, the risk of residents leaving the supervision of staff. In addition to a local risk register, each risk management plan was developed for each individual resident. The inspector found that this was an area of good practice and staff told the inspector that they would refer to this document prior to caring for a resident who they did not know well or a resident who was newly admitted. There was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation.

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 signed off by the person in charge. Systems were in place for health and safety audits to be carried out on a routine basis and these records were reviewed at this time in order to identify any trends.

The inspector found that systems were in place for the prevention and detection of fire. The training records showed that there was regular fire safety training for the staff. In addition to this regular fire drills were carried out and documented. The person in charge had a good system in place to ensure that all residents who attended for respite participated in a fire drill. Residents spoken to by the inspector described safe procedures for evacuation upon hearing the fire alarm. Good documentation was

maintained in relation to each drill including the total time taken to evacuate the centre. The inspector found that staff on duty at the time of inspection had attended mandatory training in fire safety and were knowledgeable regarding the procedures to be followed.

The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that arrangements for servicing were in place. The inspector noted that the emergency lighting was not included in these routine checks. However, this was addressed immediately at the time of inspection and some repair works were carried out.

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:

The provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse.

There was a policy on the protection of vulnerable adults in place. The policy provided sufficient detail to guide staff in the event of any suspicion of abuse of allegation made. Staff members in the centre were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents and all staff in the centre had attended mandatory training in this area. Residents stated that they felt safe and secure in the centre.

The inspector observed staff interacting with residents in a respectful, warm and caring manner. Staff had been provided with training in the management of behaviours that challenge and there was evidence of a high standard of practice in this area. The inspector saw that staff in centre worked very closely with the behaviour support team and sought advice from them on a regular basis. Advice and recommendations from the behavioural support team was documented in residents' personal plans where required.

A restraint free environment was promoted and no forms of physical restraint or restrictive practices were in use. The inspector reviewed the records of a resident who had been prescribed "as required" PRN medication. The inspector found that there were strict procedures in place to manage the administrations of this medication. There was also an administration protocol in place which clearly described the circumstances in which this medication was to be used.

Systems and procedures were in place to ensure that residents were protected from the risk of financial abuse. The inspector reviewed the documented systems in place for ensuring that residents' finances were protected. Appropriate systems were in place and the system was overseen by the person in charge who carried out a monthly audit in this area.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

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

Findings:

Systems and practices were in place to promote residents quality of live and this included opportunities for new experiences, social participation, education and employment.

Residents were encouraged to participate in education and employment while attending for respite stays. Residents were observed returning from work and their day services and told the inspector about their busy daily routines. Residents also told the inspector that in the evening they were supported to pursue additional interests and activities in areas such as drama, music and special Olympics. Staff in the centre also provided support to resident to go on holidays and for weekend trips away. Regular shopping trips and visits to local restaurant and coffee shops were also important part of residents' stays in the centre.

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:

The inspector found that systems were in place to support residents' health care needs.

There was access to the general practitioner (GP) and allied health professionals as required. While residents were generally supported by their family members to attend the GP the outcomes of these visits were recorded in residents' folders. A detailed document called "a health action plan" was developed for each resident. The inspector found that this document provided good guidance in relation to residents identified health needs and staff spoken to were familiar with this information. Residents' visits to the allied health professionals such as the speech and language therapist (SALT), physiotherapist and occupational therapist were recorded and recommendations from these professionals were documented and followed by the staff.

While the inspector was satisfied residents were receiving appropriate care at the time of inspection, there were concerns that staff had not been provided with training to meet certain healthcare needs. For example, some residents had epilepsy and while care

plans were in place staff had not been provided with appropriate training in this area. The inspector also noted that training had not been provided for staff in relation to assisting residents with swallowing difficulties. While staff present at the time of inspection, were aware of appropriate steps to follow, the inspector was concerned that lack of training in these areas could lead to inconsistent care practices. This requirement for training is addressed under outcome 17 (Workforce).

Measures were in place to adequately meet residents' food and nutritional needs. Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals. The inspector saw residents actively involved in the preparation of the evening meal. The inspector found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices were appropriate. Mealtimes were flexible and fitted around resident's social and work life. The inspector saw that residents' special dietary requirements were clearly recorded and staff were very aware of these requirements. Appropriate arrangements were in place to ensure that these dietary needs were met.

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:

Systems were in place to promote safe medication management, however some improvements were required.

The inspector reviewed prescription and administration records, procedures for the storage of medication. Practices, for administration of medications were in place guided by a comprehensive policy. However, the inspector was concerned that medication management training had not been provided for a significant number of staff. The inspector was concerned that this could place residents at risk, particularly in the case of residents who required medications to be delivered subcutaneously on a routine basis. The inspector found that while staff had been provided with a demonstration in this area, they had expressed concerns and requested additional training. However, at the time of inspection this had not taken place. This action is addressed under outcome 17 (Workforce).

The inspector found that some medication records did not contain all of the required information to allow staff to consistently administer medications safely. For example, the maximum dose of PRN (as required) medications was not stated in all cases. Staff were also administering medications from records which did not contain all the required details such as the residents' GP and the route of administration. The person in charge undertook to address this.

Written evidence was available that regular reviews of residents' prescriptions was carried out.

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:

There was a statement of purpose in place in accordance with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided. It reflected services and facilities provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep the statement of purpose under review.

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):

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

Findings:

There was an effective management structure in place which supported the delivery of safe care and services.

The inspector found that the arrangement for the post of person in charge met the requirements of the Regulations. The person in charge had the required experience and had qualifications which were relevant to the role. During the inspection the person in charge demonstrated knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She knew the care needs of the residents and demonstrated a clear commitment to improving the service offered to these residents. Staff members stated that the person in charge was supportive and readily available to them. The person in charge was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service. A documented system of continued performance development was in place.

There were systems in place for monitoring the quality and safety of care. The person in charge and the regional service manager carried out audits of areas such as health and safety, medication management and care planning documentation on a routine basis. Unannounced audits were also carried out in order to review the quality and safety of care. The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service. Any discrepancies were promptly rectified and addressed by the person in charge and this was documented in the "Service Action Plan".

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspector found that sufficient resources were provided to meet the needs of residents.

The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly. The person in charge had the Authority to authorise additional staff hours as required. A car of suitable size was provided and available for use by the residents when they needed.

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 numbers and skill mix of staff were appropriate to the assessed needs of the residents.

The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines. Staff present at the time of inspection were professional in their approach and interacted with residents in an informed and caring manner.

Records were maintained of staff training. The inspector reviewed these and found that staff had attended relevant mandatory training in fire safety, protection and moving and handling. Staff had also attended other relevant training in areas such as autism, behaviours that challenge and diabetes. However, as highlighted under outcome 11 and 12, there were significant gaps in the training provided to staff in important areas, including epilepsy and medication management.

There were regular meetings with the staff with regard to the management of the centre. The inspector noted that copies of the regulations and the standards were available to residents and staff and the person in charge had developed a guide to help staff understand these documents. The inspector reviewed the documentation including vetting arrangements in place for a volunteer who was attending the service and found that appropriate arrangements were in place.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Evidence of appropriate insurance cover was in place.

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:

Gary Kiernan
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-0003917 |
| Date of Inspection: | 10 February 2015 |
| Date of response: | 13 March 2015 |

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 risk management policy did not address all relevant risks in the centre including those risks specified in the Regulations.

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) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The registered provider has sent a communication directly to the inspector setting out the rationale for the organisations risk management framework (see email March 9th 2015).

Proposed Timescale: 09/03/2015

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:

Medication was being administered from records which did not set out all the required information.

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 Person in Charge has completed an Audit of all Prescription sheets (M.P.1) on 26/02/15

A new Prescription Sheet is in use since Thursday 26th Feb 2015 which will include General Practitioner's information, Individuals details, route of administration, PRN dose.

The back of the Prescription Sheet now has a section for PRN medication.

The person in charge will have prescription sheets (M.P.1's) updated onto the new form by May 13th 2015

Prescription Sheets will be completed for Frequent users of respite by 13th April 2015.

Prescription sheets for Infrequent users of respite will be completed by May 13th 2015

Proposed Timescale: 13/05/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff were not provided with the required appropriate training relevant to meeting the needs of residents in the centre.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Medication Training – 7 staff out of the current team of 8 will have completed the training module “Responsible and Safe Administration of Medication” by March 23rd 2015. The service will endeavour to ensure there are always trained staffs rostered on duty to administer medication.

Epilepsy- 3 staff in the service will have completed training module “Supporting people with Epilepsy” by March 20th 2015. Other staff working in the service will be prioritised for attendance at this event as it arises through the organisational training calendar. (3 individuals attending the service have a diagnosis of Epilepsy)

The organisation has reconfigured resources in this area which will further guide staff practices in relation to supporting people with epilepsy, this will include a revised section on general and specific risk assessment, seizure management and emergency medication which is being released throughout the organisation on March 20th 2015

Diabetes- 7 Staff have completed the training module in relation to diabetes. All Staff in the service will have had the opportunity created for them to practice administration of insulin via Flex Pen supervised by the person in charge by 13/4/2015.

A Bespoke training event is been organised for the team with the clinical Nurse specialist for Diabetes and will be completed by April 30th.

(1 individual attending the service has a diagnosis of Diabetes)

F.E.D.S (Feeding Eating Drinking and Swallowing) Training – Staff working in the service will be prioritised for attendance at this event as it arises through the organisational training calendar. (2 individuals attending the service have F.E.D.S needs)

Proposed Timescale: 26/06/2015