

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Western Care Association
<b>Centre ID:</b>	OSV-0001765
<b>Centre county:</b>	Mayo
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Western Care Association
<b>Provider Nominee:</b>	Bernard O'Regan
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	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 12:30	10 February 2015 18:30
11 February 2015 09:00	11 February 2015 15:00

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

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**

As part of the inspection, the inspector met with residents and the management team, observed practices and reviewed documentation such as personal plans, medical records, policies and procedures.

The centre was comfortable, appropriately furnished and well maintained.

The inspector found that residents received a good quality service in the centre and that individual health and social care needs were being met. The provider and management team had also taken measures to protect the safety of residents.

Staff supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to develop new skills.

There was some improvement required to the statement of purpose and the complaints procedure.

**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 were consulted in how the centre was planned and run. There were monthly residents' meetings held at which residents could make plans and discuss issues of importance to them. Staff recorded minutes of the meetings, which showed that residents had discussed personal events, such as birthdays and planned for outing, activities and goals. The forthcoming HIQA inspection had also been discussed with residents at a recent meeting. Residents were also involved in household activities such as shopping, laundry and food preparation and some residents had been baking during the inspection.

There was a complaints log book available to record complaints, comments or suggestions, although the number of complaints received had been very low. There had been one complaint received in 2014, which had been suitably recorded and had been promptly resolved. An advocacy service was available to residents. The complaints procedure was written in a legible format, including pictures and photographs, and was designed to be clear and accessible to both residents and their families. This procedure was readily accessible to residents to view. There was also a complaints policy which provided guidance on the management of complaints. There was an independent appeals process which could be used in the event of a complainant not being satisfied with the outcome of a complaint. However, details of who to contact for an independent appeal were not sufficiently clear.

The inspector observed that the privacy and dignity of each resident was respected.

Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms and had keys to lock their bedroom doors if they wished to. Residents who live permanently in the centre had their rooms decorated with photographs, pictures, trophies and personal belongings and some residents had chosen their favourite colour schemes. Residents' belongings were respected and safeguarded. There was a lockable cupboard in each bedroom, in which residents could store personal belongings and their medication. Residents also had ample wardrobe space.

An intimate personal plan had been developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.

Residents' civil and religious rights were respected. All residents were registered to vote and could attend the local polling station if they chose to do so. At the time of inspection Roman Catholicism was the only religion being practiced in the centre. There was a church nearby which residents could visit at any time. A priest came to visit residents in the centre each month. There was a rights checklist completed on each resident's file.

**Judgment:**

Substantially 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:**

There were systems in place to assist and support residents to communicate.

Each resident had a communication profile documented in his/her personal plan which identified the most appropriate communication techniques for him/her. Objects of reference and pictures were in use to communicate with some residents. For example, a coloured pictorial activity chart had been developed for a resident to clearly identify her weekly activity options. For another resident, staff had created a pictorial chart to demonstrate the value of money and support more independent shopping.

There was a range of information displayed in accessible format on the kitchen notice boards, including complaints procedure, safety statement, parish news and notices of local community events. Pictorial images were used on doors of rooms to identify each occupant. This option was also available to respite residents. There were picture boards,

which changed daily, in each house with names and pictures of the staff on duty each day and night. There was also an activity card book which assisted all residents to make activity choices, and included images of a range of activities available to residents, such as television, walks, puzzles, baking, massage, knitting and sport.

All residents had access to televisions, radio, postal service, telephone, newspapers and magazines.

**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 who lived in the centre were supported to maintain relationships with their families. All residents, including those receiving respite care, were encouraged and supported to interact in the local community.

There was an open visiting policy, family and friends could visit at any time and there was sufficient space for residents to meet visitors in private if they wished. Long term residents also visited and stayed with family members regularly throughout the year. Each resident had worked with staff to identify important people in their lives and each had a social network communication plan with details of how they could contact these people.

Families were invited to attend and participate in residents' 'circle of support' meetings and the review of residents' personal plans. Records indicated that families were kept informed and updated of relevant issues. Some residents visited a day service each weekday where they had the opportunity to meet with and socialise with friends. Others preferred not to attend the day service, but to participate in their interests in the centre or visit the local community during the day. These residents were supported to do this.

Residents were supported to go on day trips, attend sporting and entertainment events, the hairdresser, attend classes and dine out in local restaurants and pubs. Residents frequently visited the shops and facilities in the town.

**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:**

Contracts for the provision of services were agreed with each resident. The inspector reviewed some contracts and noted that they included the services to be provided and the fees to be charged including the details of additional charges.

There had been no recent admissions to the centre.

**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 each resident's social wellbeing was maintained by a high standard of care and support. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue interests appropriate to



their individual preferences both in the centre and in the community. All residents had personal plans which contained important information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and short and long term life goals and there was evidence of review and participation by residents in the development of their plans. Each resident had an identified 'circle of support' consisting of their families, friends and key workers. These groups met every six months to discuss and plan around issues relevant to the resident's life and wellbeing.

There were a range of activities, such as art and gardening, taking place in the community and in a local resource services and residents' involvement was supported by staff.

**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 design and layout of the centre suited the needs of residents. The centre comprised of two houses which were well maintained both internally and externally. The houses were clean, warm, suitably furnished and comfortable.

There was a variety of communal day space including spacious sitting rooms. There were large open plan kitchens and dining rooms in both houses. All bedrooms were for single occupancy. The bedrooms in the residential house were bright, well furnished and decorated in colour schemes of residents' choice. Residents visiting the respite service vacated their rooms after each period of occupation and could choose which room to occupy on their return visits. Residents had adequate personal storage space including lockable cupboards and wardrobes. Some bedrooms had en suite toilet and shower facilities and there were sufficient additional bathrooms and showers, including assisted facilities.

While many of the residents were independent, adequate assistive equipment, such as a ceiling hoist and low beds, was provided to meet the needs of some residents.

The inspector found the kitchens to be well equipped and clean. There were plentiful supplies of foods available, including fruit, vegetables and juices. There were separate office, bedroom, toilet and shower facilities for staff in each house.

Residents had good access to the outdoors. There were gardens adjoining the houses, both were situated in central areas and there were scenic walks nearby.

**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:**

The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff.

There was a risk management policy and risk register which identified measures in place to control identified risks including the risks specifically mentioned in the Regulations. In addition to environmental risks, personal risks specific to each residents were identified and control measures documented in residents' personal plans. Systems were in place for the regular review of risk.

The inspector reviewed fire safety policies and procedures. There were up to date servicing records for all fire fighting equipment and the fire alarm system. All staff had received formal fire safety training. Quarterly fire evacuation drills, one of which was during night-time hours, took place involving all residents and staff. Records of all fire drills were maintained which included the time taken and comments recorded for learning. Individual evacuation plans had been developed for each resident. Systems were in place for weekly checking of fire alarms and escape routes and these checks were being recorded. The procedures to be followed in the event of fire were displayed.

There were separate emergency plans for each house which provided clear guidance to staff in the event of a number of different types of emergencies and included

arrangements for alternative accommodation and emergency transport in the event of evacuation. There were separate missing person profile folders containing identifying information for each resident.

The buildings were maintained in a clean and hygienic condition. A cleaning schedule had been developed which included detailed instructions on how each cleaning job would be undertaken. Hand sanitizers were available for use by residents, staff and visitors. Service records for assistive equipment and the central heating boiler were reviewed and found to be up to date.

All staff had received up to date training in moving and handling.

**Judgment:**

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:**

There were measures in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults with a disability from abuse and there was a training schedule which ensured that each staff member attended training in prevention of abuse at three yearly intervals. Members of the management team, who spoke with the inspector, confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area and clearly outlined the measures which would be taken in response to an abuse allegation.

There was also a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies. All staff had attended training on managing behaviours that are challenging. The inspector observed staff interacting with residents in a respectful and friendly manner.

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

**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:**

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All required incidents and quarterly returns had been notified to the Chief Inspector.

The inspector reviewed the incident book and noted that comprehensive details of all incidents, how they were managed and preventive measures identified were maintained.

**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:**

Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills.

Residents were involved in basic household chores, such as baking and laundry, as a form of skill building. There were a range of development opportunities available to residents in the local area and many of the residents had attended. For example, a resident was very involved in art classes and had a selection of work framed and displayed in the centre and had also attended a personal development course. A resident who wished to develop the opportunity to interact more independently in the community had attended a road safety awareness course. Other activities, independent of the centre, which residents were involved in included drama classes, a music workshop and arts and crafts classes. Several residents also participated in sporting activities, including involvement in the Special Olympics.

**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 residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to GP services. An inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of allied health professionals including physiotherapy, speech and language therapy, psychology and psychiatry and referrals were made as required.

The inspector noted that residents' nutritional needs were well monitored and staff stated that none of the residents were experiencing significant nutritional issues. Residents were weighed monthly. Referrals to the dietician or speech and language therapist were made as required and their recommendations were implemented. Residents were supported and encouraged to eat healthy balanced diets and partake in

an exercise programme. Individualised support plans were in place for some residents.

Residents had access to drinks and snacks throughout the day.

**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:**

The inspector found that there were safe medication management practices in place.

There was a comprehensive medication management policy guiding practice. Training records indicated that all staff had received medication management training. There were appropriate systems in place for the ordering, storage and return of medications. Each resident had a secure individual medication cupboard. Some residents were supported by staff to go to the local pharmacy to collect their own medication.

The inspector reviewed a sample of prescription/administration charts and noted that they contained the information required to enable staff to safely administer medications. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There were colour photographs of each resident available to verify identity if required. The maximum dosage of as required (PRN) medications was prescribed and clear and informative protocols for the administration of PRN medications had been supplied by the pharmacist.

At the time of inspection there were no residents prescribed medication requiring strict controls, no residents required their medication crushed and there was no medication requiring temperature control. Assessments for self-administration of medication had been carried out for all residents.

**Judgment:**

Compliant

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**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:**

The inspector found that the statement of purpose described the services provided in the designated centre and met the majority of the requirements of the Regulations. However, some required information, such as room sizes and the arrangements for the supervision of specific therapeutic techniques was absent.

**Judgment:**

Substantially 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:**

The provider had established a clear management structure. The person in charge was full-time, was appropriately qualified and skilled and demonstrated the necessary experience to manage the designated centre. Her leadership skills were evident throughout the inspection. 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 worked closely with her line manager. She attended monthly meetings with her line manager and other social care leaders in the organisation.

The person in charge was involved in a range of quality assurance and improvement measures in the centre, including regular fire safety checks, reviews of accidents, incidents and complaints, risk identification and reviews of personal plans. She also worked closely with residents and their families.

**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 person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

There were arrangements in place to cover the absence of the person in charge both during planned absence and out of hours.

**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:**

There was evidence of adequate resources to ensure effective delivery of care and support. The houses were adequately furnished and equipped and there were resources to facilitate residents' occupational and social requirements.

**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:**

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. Staff were present to support residents at all times both in the centre and when they wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for a walk or to attend social events.

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, behaviour that is challenging, manual handling and first aid as mandatory training which staff were required to attend every three years.

The inspector found that staff had been recruited, selected and vetted in accordance with the requirements of the Regulations. 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. Two residents were employed in the centre on a part-time basis and had also been appropriately recruited, with Garda vetting, employment histories and suitable references on file.

**Judgment:**

Compliant

**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 records as required by the Regulations were maintained in the centre.

During the course of the inspections a range of documents, such as the residents guide, medical records, accident and incident records, staff recruitment files and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made readily available to the inspector. Records were neat, clear, orderly and suitably stored.

All policies as required by Schedule 5 of the Regulations were available and up to date.

**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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Western Care Association
<b>Centre ID:</b>	OSV-0001765
<b>Date of Inspection:</b>	10 and 11 February 2015
<b>Date of response:</b>	01 April 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Details of who to contact for an independent appeal were not sufficiently clear.

**Action Required:**

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

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

Contact information for appeals has been inserted in to Complaints Policy.

**Proposed Timescale:** 31/03/2015

**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 statement of purpose did not include all the information required by the Regulations.

**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 Statement of Purpose has been amended to include Room Sizes and supervision of Therapies on site

**Proposed Timescale:** 30/03/2015