

**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-0003915   |
| <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>                                | Lorraine Egan   |
| <b>Support inspector(s):</b>                          | Ivan Cormican on Day 1  |
| <b>Type of inspection</b>                             | Unannounced   |
| <b>Number of residents on the date of inspection:</b> | 5   |
| <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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

|                    |                    |
|--------------------|--------------------|
| From:              | To:                |
| 30 June 2016 11:25 | 30 June 2016 18:25 |
| 01 July 2016 10:45 | 01 July 2016 12:30 |

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 08: Safeguarding and Safety  |
| Outcome 10. General Welfare and Development                                |
| Outcome 11. Healthcare Needs   |
| Outcome 12. Medication Management  |
| Outcome 14: Governance and Management                                      |
| Outcome 17: Workforce  |

**Summary of findings from this inspection**

**Background to the inspection**

The previous inspection which took place on 12 January 2016 raised significant concern, particularly in relation to safeguarding residents from financial abuse. The provider was required to attend a meeting with HIQA to discuss this and the other findings on that inspection. The meeting took place on 9 February 2016 and at that meeting the provider outlined their intention to increase the governance and oversight in the centre to ensure the non-compliances were addressed.

This monitoring inspection was carried out to assess if the provider had addressed the actions as outlined in the response to the action plan of the inspection. In each outcome, inspectors focused on the actions taken by the provider to achieve compliance with the failings identified during the previous inspection.

Of the 24 actions required, 22 had been addressed in line with the provider's response. Although the provider had implemented actions to address the remaining

two actions findings on this inspection showed the provider remained non-compliant with these regulations.

#### How we gathered our evidence

As part of the inspection, inspectors spent time with five residents. Residents were unable to verbally express their views of the quality of the service, but inspectors observed residents interacting with staff. Staff were seen communicating with residents using communication methods consistent with their assessed needs. Residents appeared relaxed and happy in the company of staff.

Inspectors also spoke with staff members and the person in charge. Inspectors observed practices and reviewed documentation such as residents' support plans and incident/accident logs.

#### Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, inspectors found that the service was being provided as described in that document.

The centre comprised of one house located in a town. The house was within walking distance of the town centre. Residents had access to private transport which enabled them to access local amenities and amenities in other towns. The house met residents' assessed needs in regard to the physical premises.

#### Overall judgment of our findings

Inspectors were satisfied that the provider had put systems in place to ensure that the actions required from the previous inspection were being addressed. This had resulted in an improvement in quality of life for residents, the details of which are described in the report.

Inspectors found further improvements were required in the following areas:

- the system to ensure that appropriate healthcare was provided for all residents (in outcome 11)
- the documentation relating to some prescribed medicines to ensure that all medicines were administered as prescribed (in outcome 12)
- the assessment and provision of staff training needs (in outcome 17)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

A system for supporting residents to access aids and appliances through the public health system had been implemented. In addition, there was a system for supporting residents to purchase items privately if they so wished. This included supporting residents to access an independent advocate to ensure the decision was the preference of the resident.

A staff member had been appointed as an 'advocacy champion' in the centre. The role of this staff member was to implement strategies to support residents to access advocacy and to chair resident meetings. An inspector viewed minutes of the meetings and saw that residents had been supported to participate in line with their assessed communication needs. A record of residents' interactions was maintained.

The meetings had been used to consult with residents about the organisation of the centre, discuss residents' rights with them, the voting process and explain the procedure for residents to make complaints. Inspectors were told the meetings would continue to be used for these purposes.

Residents had been supported to meet with local politicians about their concerns regarding the accessibility of the local town and county for wheelchair users. In addition, a resident was being supported by a staff member to be part of a forum on aging in the county.

Residents' intimate care plans had been reviewed. Inspectors viewed a sample of plans and found the plans were comprehensive and contained detail of all aspects of residents'

support needs and preferences for staff supporting them with their personal care.

A wardrobe had been purchased for a resident's bedroom and the tracking hoist had been changed to ensure the bedroom was organised around the resident's needs. The resident had ample space to store their personal belongings.

As discussed in outcome 17 staffing in the centre had increased and staffing allocation had been reorganised. This had resulted in adequate numbers of staff to ensure all residents were supported to access activities consistent with their needs and preferences. On the days of inspection the inspectors observed residents being supported to partake in activities of their choice.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

#### **Findings:**

Inspectors found the progress in supporting residents to communicate in line with their assessed needs and wishes was satisfactory. The person in charge told inspectors that communication would continue to be prioritised and promoted in the centre.

Residents had received input from the speech and language therapist who had completed assessments of residents' needs. Each resident's preferred way of communicating was documented and there were plans in place for supporting residents to expand the ways they communicated.

Inspectors viewed a sample of residents' communication plans and found that the plans contained information which was consistent with the methods used by residents and staff to communicate with each other.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors found the progress in supporting residents to create and maintain links with the community was satisfactory. The person in charge told inspectors that this would continue to be prioritised and promoted in the centre.

As discussed in outcome 17 staffing in the centre had increased and staffing allocation had been reorganised. This had resulted in adequate numbers of staff to ensure all residents were supported to access the community consistent with their needs and preferences. On the days of inspection inspectors observed residents being supported to access the local community.

Staff had been supported to understand the tools which could be used to support residents to access community in a meaningful way. For example, in relation to identifying what community means to the resident, what social roles the resident holds and would like to hold, and how to put in place a plan to support the resident to achieve their goals in relation to this.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The written agreements which outlined the service provided and the fees being charged had been amended to include the arrangements for residents to access assistive aids and appliances and the detail of the vehicle purchased by residents. Residents and/or

their representatives and a representative employed by the organization had signed these written agreements.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors found the progress in supporting residents to identify and achieve goals related to social care was satisfactory. The person in charge told inspectors that the assessment and response to residents' social care needs would continue to be prioritised and promoted in the centre.

Residents had been supported to assess and develop new social care plans since the previous inspection. This included a review of the goals which had been identified in 2015 and an identification of goals for 2016. Inspectors viewed a sample of these and found they were adequately comprehensive and included an outline of the support required to maximise residents' personal development in accordance with their wishes. Residents had identified long-term goals and inspectors were told that goals would be expanded from year-to-year and utilised to maximise residents' personal development.

Progress on the achievement of goals was maintained and it was therefore evident that there was oversight of the process to ensure that residents were supported to achieve their goals. The person in charge said that any barriers to residents achieving goals were brought to her attention by staff and escalated to senior management and the provider nominee if necessary. A barrier to a resident achieving a goal which had been identified on the previous inspection had been addressed.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The shower trolley, which required repair on the previous inspection, had been repaired. An inspector was told that all equipment would be repaired in a timely manner going forward.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

An investigation into the overpayment of residents' money for the vehicle had taken place. Following the findings of overpayment by residents the provider nominee had apologised to residents, face-to-face and in writing, for the misuse of their money for the vehicle. The funds which had been an overpayment for the vehicle had been reimbursed to residents. The ownership of the vehicle was included in residents' written agreements for the provision of services. Inspectors were told that residents were considering purchasing a new vehicle utilising the reimbursed monies. The lead inspector was told an external independent advocate would be utilised to ensure the purchase of a vehicle was the will and preference of each resident.

An alternative to the significant restrictive measure used to support a resident had been trialled. The alternative had not been successful, however the person in charge told inspectors that other alternatives were being considered and that they would continue to trial alternative measures to ascertain if there was a less restrictive measure to support the resident.

**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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
As discussed in outcome 17 staffing in the centre had increased and staffing allocation had been reorganised. This had resulted in an allocation of staff to ensure residents' needs, wishes and aspirations in regard to accessing education, training and employment opportunities had been assessed. Inspectors noted a satisfactory improvement in this area since the previous inspection. The person in charge said that this area would continue to be developed 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):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The person in charge had implemented a system for overseeing healthcare needs since the previous inspection. This included an improvement to documentation to show the healthcare needs which had been assessed and the support required or provided. An annual review of healthcare needs and the corresponding actions in place to respond to these had been compiled for each resident. Access to allied healthcare professionals had improved and recommendations were implemented.

However, further improvement was required to the assessment and response to some healthcare needs. An inspector found that some healthcare needs had not been assessed and healthcare plans implemented to ensure appropriate care was provided. It was therefore not clearly evident that appropriate health care was provided for each resident. This was brought to the immediate attention of the person in charge who told inspectors this would be addressed immediately. Prior to the end of the inspection the person in charge had commenced completing the appropriate documentation for these healthcare needs.

A system to ensure that reheated food reached the required temperature prior to consumption had been implemented. Records of the temperature of reheated food served to residents was maintained. Inspectors observed staff checking and recording food temperatures.

**Judgment:**

Non Compliant - Moderate

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The written protocols in place to guide staff in administering p.r.n. (a medicine only taken as the need arises) medicines had been amended to include how staff would ascertain if a medicine was required.

Improvement was required to the documentation in place to ensure that residents received medicines as prescribed. The prescribed dose of a medicine was not included on the prescription sheet. In addition, there was conflicting information in some documentation relating to a medicine prescribed to be administered in the event of a specific medical emergency.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Findings on this inspection showed that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The person in charge had been allocated 13 hours per week of protected time for her managerial role and responsibilities. This was reflected in the centre's statement of purpose and on the staff rota. The person in charge outlined the benefit of this which included time to supervise staff, ensure residents' needs were assessed and responded to and ensure the centre was in compliance with the regulations and National Standards.

The provider had carried out an unannounced visit of the centre which was based on HIQA's 18 outcome model and had prepared a report based on all these areas. An action plan had been formulated from the findings and was being addressed.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The number and skill mix of staff had been reviewed since the previous inspection. A flexible staff rota, based on the assessed needs of residents, had been implemented.

Inspectors observed the benefit of increased staffing levels which are included in outcomes 1, 5 and 10. The person in charge told inspectors the number and skill mix of staff would be reviewed regularly to ensure the rota was arranged around residents' needs.

Inspectors viewed training records and found that training for staff had been provided since the previous inspection. This included training in clamping wheelchairs in the vehicle. However, improvement was required to the assessment of staff training needs. An assessment of training required for staff who were responsible for delivering specific health related care interventions had not taken place. For example, staff providing care to residents with wounds had not received training in providing this care.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Lorraine Egan  
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-0003915   |
| <b>Date of Inspection:</b> | 30 June 2016  |
| <b>Date of response:</b>   | 29 July 2016  |

### 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 11. Healthcare Needs

**Theme:** Health and Development

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

It was not clearly evident that appropriate health care was provided for each resident.

#### **1. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

<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:**

The PIC has consulted with relevant medical professionals for advice and guidance and has completed an assessment of healthcare needs in relation to Hypothyroidism and a healthcare plan on low platelet levels and is currently completing appropriate healthcare plans to address needs in this area. These plans will be contained in the individuals Individual Plan. This will be fully completed and staff briefed by the 18/08/2016

**Proposed Timescale:** 18/08/2016

**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:**

Some practices relating to the prescribing of medicines did not ensure that all medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**2. 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 prescription sheets have been returned to the GP and Pharmacist. The prescribed dose of the medication is now included on the prescription sheet. The pharmacist audited all medications and prescriptions on 21/07/2016 and action has been taken to ensure best practice in Medication management. All Epilepsy Management Plans and PRN Protocols have been audited by the PIC and new documentation completed where necessary. Epilepsy Management Plans and PRN protocols have been forwarded to Epilepsy Specialist Nurse and to GP for review. Additionally a comprehensive risk assessment for seizures has been completed on two of the individuals who have epilepsy. The third Epilepsy risk assessment will be completed by 31/07/2016

**Proposed Timescale:** 31/07/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff did not have access to all required training and some staff training needs had not been assessed.

**3. 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:**

The PIC has contacted the Skin Integrity nurse with responsibility in this area with a view to drawing up a specific bespoke training event for staff on skin integrity and wound management. This will inform future care planning for leg ulcer management and dressings. All staff involved in the dressing of leg ulcers will have completed this training by the 30/09/2016. In addition the PIC has updated the existing Training Needs Analysis in the Designated Centre on the 08/08/2016 to include this training.

**Proposed Timescale:** 30/09/2016