



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

Issued by the Chief Inspector

Name of designated centre:	Westside Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	26 November 2019
Centre ID:	OSV-0001790
Fieldwork ID:	MON-0022432

About the designated centre

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

Westside Residential Services is located on the outskirts of a town in Co. Mayo. The centre has the capacity to support seven individuals. There are two houses in the designated centre, which were located across the road from each other. One house comprised of five bedrooms and the second house accommodated two male residents in an individual apartment type setting. This residential service operates on a full-time basis throughout the year. The service provides accommodation to both male and female residents with ages ranging from 18 years to end of life. All service users have their own single bedrooms which are fully furnished and individually decorated in line with each resident's likes and preferences. The centre benefits from its own mode of transport for access to community outings. The staff team consisted of a person in charge, social care workers and social care assistants. There were sleepover staff available at night in each location to provide support to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
26 November 2019	09:45hrs to 18:00hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector spent time with three residents who lived at the centre. Residents who the inspector spoke with said that they liked living there and liked the staff who supported them. Residents were observed to be comfortable in their environment, and with each other. Residents spoke to the inspector in their own terms about the variety of activities that they enjoyed; including bowling, attending knitting clubs, attending community music groups, going on holidays, going to theatre and doing arts and crafts. Residents were happy to show the inspector around their home and one resident showed the inspector some of their artwork that was displayed in the centre. During the inspection residents were observed to be freely moving around their home, interacting with staff who were supporting them and having meals with staff. Staff who were supporting residents were knowledgeable about residents' individual needs and were observed to be treating residents with dignity and respect. Questionnaires that had been distributed prior to the inspection were reviewed by the inspector, and demonstrated satisfaction from families and residents about all aspects of the services and care provided at the centre.

Capacity and capability

Overall, the inspector found that there were good governance and management arrangements in place in the centre which ensured that residents received a quality and safe service. However, some improvements were required in the management and oversight arrangements in relation to areas such as; individual plans, restrictive practices, risk management and fire drills. In addition, the statement of purpose and information guide for residents required some improvements to ensure that they complied fully with the information required as set out by the regulations.

The person in charge was in position since earlier this year. She worked full-time and was responsible for another designated centre also which was located nearby. She demonstrated good knowledge about residents' needs and it was evident that residents were familiar with her. A number of internal audits were carried out regularly in the centre in areas such as health and safety, finances, fire checks and accident and incident audits. The person in charge maintained a training matrix and schedule of supervision meetings with staff to ensure that staff were fully supervised and had the skills required for supporting residents.

The inspector found that the staffing arrangements were adequate to meet the needs of residents. There was an actual and planned rota in place which reflected what was happening in the centre on the day of inspection. Staff received regular training as part of their continuous professional development, and a review of training records demonstrated that staff were provided with mandatory and

refresher training. Staff who the inspector spoke with said they felt well supported, were very happy working in the centre and that they could raise any issues or concerns to the management team if needed.

The provider ensured that unannounced provider audits and an annual review of the quality and safety of care and support of residents were completed as required by regulation. These audits contained good detail and action plans had been devised as a result of these audits. The annual review of the service identified areas for improvement for the centre and provided for consultation with residents and their families. There was evidence that actions to improve the service as identified in these audits were underway and reviewed regularly by the management team, and were also discussed at team meetings with the staff team.

There was a good complaints management procedure in place. There were no open complaints at the time of inspection. There was an easy-to-read version of the complaints procedure, which was accessible in the centre and contained details of who the nominated complaints person was and details of the appeals process. Complaints were regularly discussed at residents' meetings and a resident spoken with stated they would speak to the complaints officer if they were not happy with any aspect of the service.

Regulation 14: Persons in charge

The person in charge was found to have the appropriate qualifications and experience to manage the designated centre. She demonstrated knowledge about residents and awareness of her responsibilities as outlined in the regulations.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that there was adequate staffing levels to meet the needs of residents on the day of inspection. A rota was maintained by the person in charge which reflected what was happening on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge maintained a training matrix and supervision schedule. A review of records demonstrated that staff had access to mandatory and refresher

training as part of their professional development, and that staff received regular supervision from the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

Overall the governance and management arrangements were good, with clear lines of accountability. However, some improvements were required with regard to the management and oversight arrangements in areas such as risk, fire evacuation, personal plans, restrictive practices and accuracy of documents such as the statement of purpose and guide for residents.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had received written contracts for the provision of services, which outlined the fees to be charged where required.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required review to ensure it contained accurate and up-to-date information in relation to the requirements of Schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which outlined the process for making complaints and details of the appeals process. Residents were supported to understand the complaints process by use of easy-to-read documents and regular discussion at residents' meetings.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality and safe service and that there were arrangements in place which ensured a safe and person-centred service. However, some improvements were required to ensure that residents' quality of care was promoted at all times in relation to achieving identified goals, review of restrictive practices and fire evacuation.

In general, the inspector found that residents' general welfare and development was promoted and residents who the inspector spoke with told the inspector about the range of activities that they enjoyed, both in the centre and in the community; including bowling, walks in the community, art, gardening, knitting, going to Mass and taking part in a local music group where residents stated that they took part in singing and dancing.

Residents had support plans in place for identified needs, including behaviour support plans and intimate care plans. A resident who had recently been admitted to the centre was facilitated to visit the centre on a number of occasions and a compatibility assessment had been completed prior to their admission. The resident's advocates were involved in the planning process and expressed satisfaction about the transition for their family member on a questionnaire reviewed by the inspector. The centre appeared to meet the needs of the resident and they appeared happy and relaxed in the centre. However, the inspector found gaps in documentation in relation to the assessment of the health, personal and social care needs of the resident which was required to be completed prior to admission to the centre. In addition, the inspector found that some goals in relation to identified social care priorities were not reviewed as to their effectiveness within the time frames that the centre had set to review them, and as a result the goal had not been achieved.

Residents who required support with behaviours of concern had plans in place which had a multidisciplinary input and detailed triggers to behaviours, and proactive and reactive strategies to support residents. Some restrictive practices that were in use in the centre had comprehensive assessments with multidisciplinary input and were reviewed to ensure that they were the least restrictive. However, the inspector found that there were some locked presses in the living areas of the centre which the inspector was told was required for the health and safety of residents; however these practices had not been viewed as being restrictive and therefore had not been assessed to ensure that they were proportionate to any identified risk to residents.

The provider ensured residents' safety was promoted. Staff were trained in safeguarding residents and staff who the inspector spoke with were very knowledgeable about what to do in the event of a concern of abuse. Residents were supported to develop the awareness and skills to self-protect by use of an

easy-to-read document and discussion at residents' meetings. There were comprehensive plans in place for intimate care practices which guided staff in how to support residents in a person-centred and respectful manner.

In general, the inspector found that the person in charge had a good understanding of risk management, and specific risks which may impact on residents had personal risk management plans in place which were reviewed regularly. Adverse events were assessed and plans were in place to respond to emergency situations. There was a system in place for the review of accidents and incidents and incidents were discussed with the staff team at monthly meetings. However, the inspector found that the documentation regarding environmental risk assessments were not specific to the designated centre, which made it difficult to establish what the specific risks in the centre were and how they were managed. The management team stated that the organisation had implemented a new risk management system to cover a range of potential risks, and that work was currently in progress to ensure that the risk assessments were centre specific.

The centre had systems in place for the detection, containment and prevention of fire and regular fire safety checks were completed by staff. Residents had personal emergency evacuation plans in place which were detailed and reviewed as required. A resident who the inspector spoke with talked about what they would do in the event of a fire; including leaving the house immediately and staying outside until it was safe to go back inside. Staff received training in fire safety and regular fire drills were carried out. However, in one location of the centre a fire drill had not been completed to ensure residents could be safely evacuated with the minimum staffing levels.

Regulation 10: Communication

Residents had communication profiles in place which detailed their preferred method of communication and how staff could best support them with communication. Residents had access to televisions, music players, local newspapers and devices located in their home to assist with specific needs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' general welfare and development was promoted with residents engaging in a range of activities both in house and in the community. Residents had regular contact with immediate and extended family members, and had opportunities to engage in local community activities; including being part of a weekly community music group where residents played musical instruments, sang and danced.

Judgment: Compliant

Regulation 17: Premises

The premises had adequate space and facilities for the needs and numbers of residents. The homes were clean, homely and nicely decorated. There was ample space for residents to engage in activities in house, such as artwork, having visitors, watching television and sitting out in the garden. The centre was accessible for residents with handrails, ramps and bedrooms located downstairs for all residents.

Judgment: Compliant

Regulation 20: Information for residents

The information for residents required review to ensure it contains a summary of the services and facilities provided, and details of how to access all inspection reports of the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management documentation and identification of centre specific risks required improvements to ensure that the assessments were accurate and reflective of the actual risks in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall fire safety management systems in place in the centre were good with equipment in place, training provided to staff and regular auditing of systems. However, a fire drill had not been completed with minimum staffing levels and maximum residents in one location of the centre to ensure the safe evacuation of residents in this scenario.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

In general assessments were in place for residents' health, personal and social care needs. However the inspector found that there were gaps in documentation in relation to the assessment of a resident who had recently been admitted to the centre. In addition, improvements were required in reviewing residents' personal goals to ensure their effectiveness and that they could be met in a timely manner.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours had plans in place with multidisciplinary input. Where restrictive practices were identified they were assessed and reviewed to ensure that they were the least restrictive. However, some restricted access to cupboards in residents' homes had not been identified as a restrictive practice and therefore had not been assessed to see if alternatives could be used, or if this was the least restrictive option.

Judgment: Substantially compliant

Regulation 8: Protection

Staff were trained in safeguarding and staff who the inspector spoke with demonstrated knowledge about their responsibilities if they had a concern of abuse. Residents were supported to increase their knowledge about self-protection by use of an easy-to-read document on safeguarding and discussion at house meetings. A resident who the inspector spoke with stated they would go to staff if they were not happy about something.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Westside Residential Service OSV-0001790

Inspection ID: MON-0022432

Date of inspection: 26/11/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to provide evidence that a review is undertaken to ensure an individual’s needs are being met following a transition to a new living arrangement, we will ensure that the needs assessment is re-done and the impact of the new living arrangement is specifically considered. For future admissions the provider will ensure that an assessment of need will be completed prior to any admission to ensure that the service can meet the needs of the resident.</p> <p>The Person in Charge will review all Individual Plans to ensure that the goals are effective and met in a timely manner. This will be clearly documented.</p> <p>Under the updated Risk Management Procedure and Health and Safety Risk Register which include environmental risks, each service is issued with a service provision risk register with pre-populated scores that the Person in Charge review and amend based on the situation locally. Following this inspection the provider will be re-issuing this register with no scores so that score must be assessed and entered by the Person in Charge of the local service. We will amend the index of this register so that there is reference list of these scores available for review at the start of the register.</p> <p>The Person in Charge has completed a fire drill with minimum staffing levels and maximum residents.</p> <p>The Person in Charge will review all restrictions within the designated centre with particular focus on presses that are locked in the living area to ensure that the restriction is proportionate to any identified risk to the residents and notified as per regulations</p> <p>The Person in Charge updated the statement of purpose for the designated centre</p>	

<p>ensuring it contained accurate and up to date information in relation to the requirement of Schedule 1 of the regulations.</p> <p>The Person in Charge updated the accessible Resident's Guide to incorporate all information required as set out by the regulations.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Person in Charge updated the statement of purpose for the designated centre ensuring it contained accurate and up to date information in relation to the requirement of Schedule 1 of the regulations.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The Person in Charge updated the accessible Resident's Guide to incorporate all information required as set out by the regulations.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Under the updated Risk Management Procedure and Health and Safety Risk Register which include environmental risks, each service is issued with a service provision risk register with pre-populated scores that managers review and amend based on the situation locally. Following this inspection the provider will be re-issuing this register with no scores so that score must be assessed and entered by the manager of the local service. We will amend the index of this register so that there is reference list of these scores available for review at the start of the register.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge has completed a fire drill with minimum staffing levels and maximum residents.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: In order to provide evidence that a review is undertaken to ensure an individual's needs are being met following a transition to a new living arrangement, we will ensure that the needs assessment is re-done and the impact of the new living arrangement is specifically considered. For future admissions the provider will ensure that an assessment of need will be completed prior to any admission to ensure that the service can meet the needs of the resident.</p> <p>The Person in Charge will review all individual Plans to ensure that the goals are effective and met in a timely manner. This will be clearly documented.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in Charge will review all restrictions within the designated centre with particular focus on presses that are locked in the living area to ensure that the restriction is proportionate to any identified risk to the residents and notified as per regulations.</p>	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	03/12/2019
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	03/12/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	07/01/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	16/12/2019

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	13/12/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	03/12/2019
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	13/12/2019
Regulation 05(6)(c)	The person in charge shall ensure that the	Substantially Compliant	Yellow	13/12/2019

	<p>personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.</p>			
Regulation 07(4)	<p>The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.</p>	Substantially Compliant	Yellow	07/01/2020