

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001780
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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:
22 January 2015 10:30	22 January 2015 17:00
23 January 2015 09:00	23 January 2015 15:30

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 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 staff members, 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. Staff were very knowledgeable regarding each resident's needs and the inspector found that individual needs were being met.

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 attend educational sessions.

Staff and residents knew each other well, residents were observed to be relaxed, happy and comfortable in the company of staff.

There was some improvement required to the management of medication errors, the documentation of prescribing and administration of medication and the complaints policy.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents were consulted in how the centre was planned and run. There were weekly in house meetings held with residents and one of the residents recorded minutes of the meetings. The inspector reviewed the minutes which showed that residents had discussed meal planning for the coming week as well as social activities and plans. There was a book where residents could note items that they wanted from the supermarket and the staff used supermarket brochures to assist residents in making choices for the shopping list. Residents were also involved in household activities such as shopping, food preparation and gardening to promote a sense of ownership. The person in charge explained that a new format for house meetings had been devised and was about to commence. She showed the inspector the template, which provided specific guidance to staff on areas such as talking, listening, sharing ideas, solving problems making plans and encouraging residents to talk about things that they would like changed in the house.

The inspector found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. There was a complaints procedure, written in a legible format including pictures and photographs, which was designed to be clear and accessible to both residents and their families. The procedure was based on the HSE 'Your Service, Your Say' policy. There was also a complaints policy which provided guidance on the management of complaints. Some of the information in the policy/procedure, such as the roles of the complaints officer and the lead complaints officer and who to contact for an independent appeal, was not clear. Following the inspection the inspector was advised that a revised complaints policy and procedure was at an advanced stage of development.

There was a complaints log book available to record complaints, comments or suggestions. There were a small number of complaints for 2014 of which had been suitably recorded and had been promptly resolved. An advocacy service was available to residents.

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. An intimate personal plan was developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. Each bedroom had been personalised, and residents had their rooms decorated with personal items, photographs, sporting and treasured belongings.

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. Residents also had keys to lock their bedroom doors for increased security and privacy. Since the last inspection, all bedroom doors had been upgraded and improved locking systems, which staff could open in the event of emergencies, had been provided in all bed rooms.

Residents' civil rights were respected. All residents were registered to vote. They had attended training on the voting process and how to complete voting cards. 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):

No actions were required from the previous inspection.

Findings:

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

Staff who spoke with the inspector were aware of the different individual communication needs of each resident. Each resident had a communication profile documented in their personal plan which detailed each resident's specific communication needs. Objects of reference and pictures were in use to communicate with some residents. For example, a communication system using colours, textures and scents had been developed for a resident with visual impairment, pictorial food charts had been devised to support residents in meal planning and there was a picture board to identify staff on duty. In addition an electronic alert system of communication had been provided as additional support for a resident who chose to live alone in self-contained accommodation within the centre.

Signage throughout the centre was clear and pictorial images were used on doors of rooms to indicate their use.

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):

No actions were required from the previous inspection.

Findings:

Residents were supported to maintain relationships with their families and involvement in the local community.

There was an open visiting policy and family and friends could visit at any time. Most residents also visited and stayed with family members regularly throughout the year. Staff confirmed that residents received regular visits from friends and family. 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. Residents visited a day service each weekday where they had the opportunity to meet with and socialise with their colleagues and friends.

Residents were supported to go on day trips in the local area, attend sporting events, the hairdresser and dine out in local restaurants and pubs. Residents visited the local shops in the village several times each week and also went to a larger supermarket for household shopping.

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):

No actions were required from the previous inspection.

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, the fees to be charged including the details of additional charges. Since the last inspection the contracts had been revised to present a clearer, more readable format for residents. The new contracts were printed in a large font and included pictorial symbols. While most of the new contracts had been agreed with residents and/or their representatives, one was still in the process of being agreed.

There had been no recent admissions to the centre as all of the residents had lived in this accommodation for in excess of 30 years.

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):

No actions were required from the previous inspection.

Findings:

During a recent inspection of this centre in August 2014, 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 individual interests appropriate to their individual preferences both in the centre and in the community. On this inspection this standard of social care was found to be maintained. Each resident had a personal plan which contained important personal 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 taking place, in the local area 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):
No actions were required from the previous inspection.

Findings:
This outcome was not fully reviewed at this inspection as it had been examined at a monitoring inspection in August 2014 and was found to be compliant. On this inspection the inspector found that the centre continued to be well maintained, comfortable and suitably furnished and the physical layout and design of the house met the needs of residents. The grounds to the centre were well maintained and included a secure lawn and enclosed fruit and vegetable garden. The garden included several recreational features such as a summer house with decking where residents could relax in fine weather.

Since the last inspection the provider had undertaken works to increase safety and comfort for residents:

- improvements had been carried out to improvement the safety of the building in the event of fire, including the double slabbing of ceilings with fire retardant material, installation of new fire doors and emergency lighting and signage had been provided at an exit door
- temperature control valves had been fitted on all wash hand basins and showers
- the water heater in the staff bathroom had been repaired to ensure a supply of hot water was maintained for hand washing
- upgrades to bathrooms were in progress and were scheduled for completion shortly after the inspection
- new door locking systems had been supplied to bedrooms.

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):

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

Findings:

This outcome was not fully reviewed as it had been examined at a monitoring inspection in August 2014. At that inspection the inspector found that while there were good systems in place to manage risk, improvements were required to the identification and control of risks in the centre. These issues were reviewed at this inspection and were found to have been satisfactorily addressed.

Since the last inspection the provider and person in charge had undertaken works to increase the safety of residents and to reduce the risk of other hazards or injury:

- works to address deficits identified by a fire safety assessment had been completed and are outlined in outcome 6
- the risk register had been reviewed to include guidance on the control of a more comprehensive range of risks, such as rodent control, electrical safety and trips and falls
- a new cleaning manual had been developed which include guidance on cleaning and cleaning plans
- clearer fire evacuation plans had been devised and were displayed throughout the building
- thermostatic controls had been fitted to the hot water supply at wash hand basins to eliminate a scalding risk to residents.

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 and regular fire drills took place, both in daytime and during the night, 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. Staff who spoke with the inspector confirmed that they had attended fire training and they explained what to do in the event of a fire.

The person in charge had assembled an emergency box, which contained a number of items to be used in an emergency such as a torch, batteries, hot water bottles, hi-viz vests, some warm clothing, drinking water, a flask and a copy of the emergency plan. The person in charge carried out and recorded regular stock takes on the contents of the box.

There was an up to date emergency plan in place which provided clear guidance to staff in the event of a number of different types of emergencies including fire, loss of water supply, loss of heat, power failure and missing persons. Arrangements for alternative accommodation and emergency transport in the event of evacuation were also included in the emergency plan. There was a separate missing person profile folder containing identifying information for each resident.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that measures were 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. Staff 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. They also stated that they were familiar with the policy and could access it if required.

There was 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 and staff described to the inspector different calming techniques that would be used for individual residents.

There were no residents using bed rails or any other form of restraint.

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):
No actions were required from the previous inspection.

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 suitably notified to the Chief Inspector.

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

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):
No actions were required from the previous inspection.

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

For example, residents were involved in household chores, such as laundry, food preparation and gardening, as a form of skill building. One resident attended a computer course and used her own I-pad, while another attended an art class and had participated in a local art exhibition. Employment opportunities in the local community had also been organised. One resident had work experience in some nearby businesses, while another, who was very interested in gardening, cared for the window boxes at a building in the area. Several residents also participated in sporting activities, including involvement in the Special Olympics and they displayed their trophies and pictures of events in the house. Separate self-contained accommodation had been created in the

centre to facilitate the transition for one resident from communal living to living alone. There had been systems introduced to support this resident to live alone.

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):

No actions were required from the previous inspection.

Findings:

This outcome was not fully reviewed at this inspection as it has been examined at a monitoring of the centre in August 2014 and was found to be compliant. During this inspection the inspector reviewed the care of some health care issues such as, nutritional care, epilepsy management and found that this standard of care was being maintained.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that medication management practices were generally safe, although some improvement to prescription sheets, medication errors and recording of medication administration was required. Some of these issues related to documentation and are further discussed in outcome 18.

The person in charge carried out medication audits and most issues identified in the audits had been addressed. The person in charge had also arranged for the local pharmacist to undertake an annual medication audit which was due to commence shortly. There was a system for recording medication errors. However, suitable preventative measures had not been introduced in response to a recurring error.

Since the last inspection individual secure medication cupboards had been supplied to each resident. Assessments for self-administration of medication had been carried out for all residents.

Judgment:

Non Compliant - Moderate

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 statement of purpose was not reviewed on this inspection as it was examined at a monitoring inspection in August 2014 and was found to be compliant.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

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

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

The 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):

No actions were required from the previous inspection.

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.

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

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there was sufficient resources to support residents achieve their individual personal plans. There were no resource issues identified that impacted on the delivery of appropriate service or provision of suitable care to residents.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that all 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.

The inspector reviewed a sample of staff rosters and noted that on the days of inspection the roster reflected the number of staff on duty. 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 multidisciplinary team. 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 to the shop, for coffee, for a drink or a meal or to attend social events in the local community. Staff confirmed that arrangements were in place for additional night-time support if required.

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.

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):

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

Findings:

Records as required by the Regulations were maintained in the centre, although some improvement to medication records was required.

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

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

In a sample of medication files viewed, most medication administration records had been appropriately completed. However, there was some improvement required to the recording of medication administration. On one file the medication administration times had not been updated to reflect the prescribed administration time. In addition, there was no record on one administration chart to verify whether or not a medication had been administered on one occasion. Residents' addresses were not included on the prescription sheets and routes of administration of medications were not consistently recorded.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001780
Date of Inspection:	22 January 2015
Date of response:	19 March 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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:

Some of the information in the policy/procedure, such as the roles of the complaints officer and the lead complaints officer and who to contact for an independent appeal, was not clear.

Action Required:

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

Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

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

A new updated procedure for the Resolution Of Concerns and Complaints to Western Care has been released by the organisation at the end of February 2015. This new procedure clearly states the role and responsibility of the lead complaints officer, advocacy facilitator, complaints administrator and the independent appeals officer. All staff have read and signed off this procedure.

Proposed Timescale: 25/03/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Suitable preventative measures had not been introduced in response to a recurring error.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- The Person in Charge has introduced weekly stock checks in the service to ensure that there is appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medication for whom it is prescribed
- The person in charge has erected signs at each individual's medication cupboard to highlight to staff the principles of safe administration of medication
- Medication errors will be discussed at a team meeting on the 25/03/2015 and individually with staff in supervisory support
- The person in charge has commenced monthly medication audits commencing on the 1st March 2015 in line with organisational guidelines
- The local pharmacist will conduct a medication audit of the service on the 13th April 2015
- The Person in Charge has a handover in place in the service to improve communication between shifts and to help eliminate medication errors with immediate effect
- The registered provider will be monitoring that this handover is effective during their visits to the service but is satisfied that this will address the issue of medication errors in the service

Proposed Timescale: 13/04/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

On one file the medication administration times had not been updated to reflect the prescribed administration time.

There was no record on one administration chart to verify whether or not a medication had been administered on one occasion. Residents' addresses were not included on the prescription sheets and routes of administration of medications were not consistently recorded.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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 prescription sheet in question has been updated to reflect the prescribed administration times. In addition all prescription sheets in the service will be updated to include current medication administration times, addresses of individuals and route of administration as well as the other information required as per regulations by the 27/03/2015
- The PIC has met with the staff on duty on the occasion of the administration error to discuss the incident and learn from the error that occurred to ensure safe administration practices
- The medication procedure has been updated to reflect organisational learning in relation to medication errors and all Person's in Charge were briefed on this on the 26/02/2015. The staff team will also receive this briefing at a team meeting on the 25/03/2015
- The person in charge has commenced monthly medication audits commencing on the 1st March 2015
- The Person in Charge has a handover in place in the service to improve communication between shifts and to help eliminate medication errors with immediate effect
- The registered provider will be monitoring that this handover is effective during their visits to the service but is satisfied that this will address the issue of medication errors in the service

Proposed Timescale: 30/03/2015

