

**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-0003918
<b>Centre county:</b>	Mayo
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Western Care Association
<b>Provider Nominee:</b>	Bernard O'Regan
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
15 April 2015 12:00	15 April 2015 19:00
16 April 2015 10:00	16 April 2015 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This inspection was an announced registration inspection which took place over 2 days. As part of the inspection, the inspector met with residents and staff members, observed practice and reviewed documentation such as personal plans, medical records, policies and procedures.

The centre comprised of three housing units in a residential area which provided long term accommodation and support to adults with intellectual disabilities. The houses were 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 health and social care needs and the inspector was satisfied that these were being met to a high standard. Residents' autonomy and independence was also being well supported. Residents were complimentary of the service provided, told the inspector that they enjoyed living there and referred to the staff as their friends. Staff and residents knew each other well and residents were observed to be relaxed, happy and comfortable in the company of staff.

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 and hobbies in the community and to attend educational sessions.

The provider and person in charge had ensured that there were adequate systems in place to promote and protect the health and safety of residents, visitors and staff and to protect residents from being harmed or abused.

While a good level of health and social care was noted during the inspection improvement to nutritional care for some residents was required, to ensure that the recommendations of the dietician were effectively implemented.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

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

Residents told the inspector that they were offered choice in their daily routine and they decided how they liked to spend their free time in the centre. Each resident was supported to pursue different interests and hobbies and sufficient staff were available to facilitate this as required.

Residents were consulted about how the centre was planned and run in a number of different ways. Residents told the inspector they planned the meals and shopping. One resident regularly did the shopping for fresh produce and phoned the other residents in advance to establish their preferences before going shopping. Weekly resident's meetings were held and the minutes showed that these meetings were used for the purposes of consultation and seeking feedback. Some of the issues discussed at a recent meeting included the forthcoming HIQA inspection, trips and social outings, summer holidays and changes to the dinner preparation roster were discussed and agreed.

Residents' religious and civil rights were respected. Where residents chose to go to religious services this was supported by the staff. Arrangements had been made for residents to vote and any residents who wished to vote went to the polling station which was nearby. There was a framework in place for balancing residents' safety and rights and this had been completed for each resident.

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. The intimate care plans included a high level of personalised detail to promote independence, choice and dignity. Each bedroom had been personalised, and residents had their rooms decorated with personal items, photographs, sporting awards and treasured belongings.

The inspector reviewed the systems and documentation in place for the management of complaints and found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. An easy-to-read complaints procedure, with pictorial aids, was displayed in the centre which advised residents on how to raise any issues which they might have. The complaints officer and an appeals process were identified. There was a complaints policy to guide staff and the person in charge and staff were familiar with its contents. The inspector viewed the complaints log books and found that there were a small number of complaints all of which had been suitably recorded and had been promptly resolved. An advocacy service was available to residents. There were no active complaints under investigation at the time of inspection.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

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

Each resident had a communication profile documented in his/her personal plan which detailed the resident's specific communication needs. Staff were aware of the different individual communication needs of each resident and any recommendations from the speech and language therapist were documented and implemented by staff. Objects of reference and pictures were in use to communicate with some residents. For example, through working with the speech and language therapist, flash cards had been introduced to aid communication for one resident and use of an ipad was being trialled.

Clear, pictorial images were used throughout the centre to communicate information to residents. For example, individual's activity plans, the vegetable patch diary, schedule

for a local social club and colour photos of staff on duty which were updated daily. The inspector observed staff and residents communicating freely during the inspection.

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

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Residents were supported to maintain positive personal relationships with their family and friends and to be involved with the wider community.

Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date. Each resident had an identified 'circle of support' consisting of their families, friends and key workers. Residents and their family members were invited to participate in regular 'circle of support' meetings when issues important to residents were discussed and plans developed. The inspector read a number of records of these meetings where evidence of family involvement was recorded. Some residents told the inspector of family visits and also showed the inspector photographs of them enjoying events with family and friends. Residents also referred to staff as their friends.

Residents participated in their community in a number of different ways, for example, they described regular trips to their favourite restaurants, bowling, music events and trips away with support from staff from the centre. With varying degrees of support from staff as required, residents carried out their own business in the locality, such as personal shopping and visits to the post office, hairdresser, social club and church. Most residents visited a day service each weekday where they had the opportunity to meet and socialise with their colleagues and friends.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

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

**Findings:**

Contracts for the provision of services were agreed with each resident. The inspector reviewed some contracts and noted that they included the services to be provided and the fees to be charged including details of additional charges. A sample of contracts read by the inspector had been suitably agreed with residents and/or their representatives.

There had been no recent admissions to the centre and most of the residents had lived in this accommodation for over 20 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):**

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

**Findings:**

The inspector found that each resident's social wellbeing was maintained by a high standard of care and support. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue individual interests appropriate to their preferences both in the centre and in the community.



Each resident had developed a personal plan with the support of staff. These plans set out each resident's individual needs and short and long term life goals and there was evidence that the means to achieve these goals were regularly reviewed and assessed. Residents' social preferences were incorporated in the plans and weekly planners for social activity and sport had been devised. Plans also included important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives.

There were a range of social, entertainment and educational activities taking place in the community and in a local resource service and residents' involvement was supported by staff. Some of the activity residents participated in included going to the cinema, the gym, swimming, bowling and attending a social club.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

The centre was well maintained, clean, comfortable and suitably furnished.

The centre comprised of three separate dwellings with gardens which were located within walking distance of a town centre. The physical layout and design of the houses met the needs of residents who resided there. A range of amenities and services were available close by.

There were individual bedrooms for each resident in addition to separate sleeping, toilet and office accommodation for staff. Each house had a kitchen/dining area and sitting room. The rooms were of a suitable size and layout to meet the needs of the residents and there were sufficient bathroom and toilet facilities, which were spacious and allowed for privacy and comfort. Laundry facilities were also provided.

A number of residents showed the inspector their bedrooms. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents' preferences and were personalised with a selection of personal belongings, pictures and momentos. There was ample storage in each bedroom including lockable storage for

medications and valuables.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

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

**Findings:**

The provider and person in charge had ensured that there were systems in place to promote and protect the health and safety of residents, visitors and staff.

There was a health and safety statement in addition to a risk management policy and risk register which identified the procedures for the identification and management of risk in the centre. These included the risks specified in the Regulations such as self harm, violence and aggression. In addition, individual risk management plans had been developed for risks specific to each resident. The piped hot water supply serving wash hand basins and sanitary facilities had not been fitted with thermostatic control valves or other suitable anti-scalding protection and, at the time of inspection, this water could become very hot. This had been identified as a risk by the person in charge and interim measures to control the risk had been identified in the risk register and were implemented. The person in charge explained that the fitting of a thermostatic control device to the water supply was planned.

There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records. Incidents were recorded in detail and corrective actions were documented.

Systems were in place for the prevention and detection of fire. Staff told the inspector that they had attended mandatory training in fire safety and were knowledgeable regarding the procedures to be followed. Training records also confirmed this training had been delivered to all staff. In addition to this, monthly fire drills were carried out and documented, both during waking and sleeping hours. Good documentation was maintained in relation to each drill including the total time taken to evacuate the centre. The person in charge ensured that each staff member participated in a fire drill once every three months. Residents who spoke with the inspector understood the procedures for evacuation upon hearing the fire alarm. Records indicated that all fire fighting equipment and emergency lighting had been serviced annually and alarms were serviced on a quarterly basis.

Records were available to verify that other equipment in the centre, such as the central heating boiler, had been serviced as required. There was an updated emergency plan in place which outlined clear guidance for staff in the event of a number of different types of emergencies. Arrangements were in place for alternative accommodation in the event of evacuation. Individual evacuation plans had been developed 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):**

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

**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 year 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.

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 actual and potential aggression and other forms of behaviours that are challenging.

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

Systems and procedures were in place to ensure that residents were protected from the risk of financial abuse. A financial support assessment had been undertaken for each resident. A plan had been devised for each resident as to how they would manage their finances and how they will be supported by staff to do this. At the time of inspection none of the residents had left money with staff for safekeeping, but retained their money in financial institutions and accessed and managed cash with support from staff. Each resident had individual secure storage space for money and other valuables. A property register was retained for each resident which included a record of personal possessions such as music systems, furniture, radios and computers.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

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

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

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that residents were supported to participate in education and training to assist them to achieve their potential.

All residents had ample opportunities for new experiences and to develop further skills. For example, residents were involved in basic household chores, such as doing their own laundry, preparing vegetables for dinner and food shopping, as a form of skill building. One resident was attending cookery lessons and was working on creating a cookbook of her favourite recipes. She had also received road safety and 'stranger danger' training in 2014. Another resident was learning computer skills and to use social media to keep in touch with friends. Other residents had volunteered to work in the 'tidy towns' project and were involved in helping out at local festivals, while one resident did some work for a politician in the area.

Educational opportunities were also available through the day centre and some of the courses which residents had attended included art, drama and computer classes. One resident was participating in a 'friendships, relationships and sexuality' course which other had already completed. Several residents also participated in sporting activities, including involvement in the Special Olympics and they displayed their trophies and pictures of events in the centre.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that residents' healthcare needs were well met and they had access to appropriate medical and allied healthcare services as required. However, some improvement to nutritional monitoring was required.

All residents had access to general practitioner (GP) and pharmacy services and generally went to visit the GP in the local surgery and the pharmacist in the town as required. Residents had access to a range of health care services through the organisation including physiotherapy, speech and language therapy, psychology and psychiatry. Recommendations of the GP and health care professionals were being used

to inform plans of care for residents. Personal risk management plans had been developed for each resident, which included health related risks. For example, there were comprehensive and informative protocols in place to manage epileptic seizures.

Residents were supported and encouraged to eat healthy balanced diets and partake in exercise programmes. Some residents attended a gym, others went to the swimming pool and all residents like to walk. The inspector viewed a sample of residents' files and found that residents' nutritional needs were well monitored and staff stated that none of the residents required modified diets. Some residents required special diets and they had a wide and varied supply of suitable alternatives available to them. These were stored in separate food presses for each individual to eliminate the risk of residents taking an unsuitable food in error. Residents were weighed monthly. Referrals to the dietician or speech and language therapist were made as required and their recommendations were recorded.

Individualised support plans were in place for some residents. However, in a sample of the files viewed the inspector found that, while recommendations of the dietician were recorded, there was insufficient follow through to ensure that these recommendations were being delivered appropriately. For example, one resident was recommended to follow a weight reducing diet, the dietician had developed a plan and clear guidance was provided to staff. A weekly food record was being maintained by staff but the information was not recorded in sufficient detail to establish if the dietician's recommendations were being followed. The resident had not met the target set by the dietician.

Residents had access to drinks and snacks at all times.

**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):**

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

**Findings:**

The inspector found that there were systems were in place to promote safe medication management.

There was a medication management policy guiding practice. Staff on duty told the inspector, and training records confirmed, that staff had completed medication

management training. Staff who spoke with the inspector were knowledgeable regarding medication management policies and practices. One staff member who had been recently appointed had not yet received this training, but had received induction training and was supervised by the person in charge in the induction phase. The person in charge confirmed that she was satisfied with the competency of this staff member who had previous medication administration experience.

The inspector reviewed a sample of prescription/administration charts and noted that they contained the information required to enable staff to safely administer medications. All medications were individually prescribed. The maximum dosage of as required (PRN) medications was not consistently recorded on prescription charts, but there was an individual and detailed protocol for the administration of each PRN medication to each resident which had been prepared by the pharmacist. Medications were routinely reviewed by the GP twice each year or more frequently if required, although one resident's medication was reviewed annually as the resident was in good health and the GP considered this to be appropriate.

Medication was supplied in individual pre-packed blister-packs which were prepared and delivered by the pharmacist, which reduced the risk of medication error. Medications requiring refrigeration were suitably stored and temperature of the refrigerator was monitored and recorded on a daily basis.

Assessments for self-administration of medication had been carried out for all residents and, as a result, all residents retained and administered their own medication with the support and supervision of staff. Each resident had a self medication support plan. Individual secure cupboards had been supplied to each resident within which to store their medication. Staff supervised the self-administration of medication and signed the medication administration charts to confirm that medication had been taken.

None of the residents were prescribed crushed medication or medication requiring strict controls at the time of inspection.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There was an up to date statement of purpose that accurately described the service provided in the centre and included all the information required in Schedule 1 of the Regulations. The statement of purpose had been provided to residents and their representatives and was on display in central areas in the centre.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Support services were available within the organisation, including behaviour support services, a social worker, physiotherapist, financial controller and a health and safety officer.

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 and was clear about the reporting structure in the organisation. The person in charge told the inspector that she could contact a member of the management team at any time should she have a concern or issue in relation to any aspect of the service and she felt well supported in her role. 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



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**Outcome 15: Absence of the person in charge**  
*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

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

**Findings:**  
The person in charge and her line manager were aware of the requirement to notify the Chief Inspector of the absence of the person in charge and outlined the arrangement which were in place to cover any such absence.

**Judgment:**  
Compliant

**Outcome 16: Use of Resources**  
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

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

**Findings:**  
The centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. 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):**

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

**Findings:**

The inspector found that there were suitable staffing levels and skill mix allocated to care for residents and 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 or to attend social events in the local area. Staff confirmed that arrangements were in place for additional 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 and manual handling as mandatory training which staff were required to attend every three years. Staff had also received a range of additional training including first aid, diabetes care, food safety and nutrition, epilepsy care and medication management.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in*

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

**Theme:**

Use of Information

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

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

**Findings:**

The inspector found that records as required by the Regulations were maintained in the centre.

During the course of the inspection a range of documents, such as the residents guide, accident and incident log, 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.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

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



## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Western Care Association
<b>Centre ID:</b>	OSV-0003918
<b>Date of Inspection:</b>	15 April 2015
<b>Date of response:</b>	03/06/2015

### 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 11. Healthcare Needs

**Theme:** Health and Development

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

There was insufficient follow through on recommendations of the dietician to ensure that these recommendations were being delivered appropriately. Food record charts were not recorded in sufficient detail to establish if the dietician's recommendations were being followed.

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

**Action Required:**

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

The template for recording logs of food and fluid intake was developed further, to incorporate portion sizes and identifying all foods consumed, for the purposes of monitoring and giving feedback to health professionals.

**Proposed Timescale:** 17/05/2015