

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Wood View Residential Service
Centre ID:	OSV-0001789
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	Unannounced
Number of residents on the date of inspection:	4
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 April 2017 15:00	11 April 2017 19:15
12 April 2017 09:10	12 April 2017 13:15

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the Inspection:

The purpose of this monitoring inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Nine of the eighteen outcomes were reviewed at this inspection and the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector observed practice, and reviewed documentation such as health and social care files, medication records and health and safety documentation. The inspector also met with all four residents living in the house, three staff and the person in charge. The regional manager was also present for part of the inspection. The residents told the inspector that they were happy living in the centre, and that they liked their lives there. They also said that they enjoyed going out to the day services and that they felt well cared for by staff.

Description of the service:

The centre was a two-storey house, which was comfortable, appropriately furnished and well maintained. The house was located in a coastal town, and was within walking distance of amenities. The centre was intended to provide a full-time residential service to four male or female adults, who present with a range of intellectual disabilities and autism, and who may also present with associated sensory disabilities.

Overall judgment of findings:

During the inspection, the inspector found a good level of compliance with the regulations, with seven of the nine outcomes reviewed being assessed as compliant and one as substantially compliant. One outcome was assessed as being moderately non-compliant and there were no major non-compliances.

Resident received a good level of health and social care. Residents told the inspector that they had social, sporting and educational opportunities, and were supported by staff to integrate in the local community and to keep in touch with family and friends. Residents' healthcare needs were well met and there were measures in place to safeguard residents from abuse. The centre was suitably staffed to meet residents' needs.

Improvement was required to an aspect of equipment servicing and to the identification of control measures for some of the specific risks mentioned in the regulations. Minor improvement was also required to the information contained in staff files.

Findings from the inspection and actions required are outlined in the body of this report and the action plan at the end.

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

Outcome 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:

There were agreements for the provision of services in place for each resident. The inspector reviewed a sample of these agreements and found that services to be provided and the fees to be charged were stated. The management team told the inspector that the format of the agreement was currently being reviewed by the organisation, and that an amended version would be introduced in due course.

There had been no recent admissions to the centre. However, there was a policy to guide the admission process.

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:

Residents had opportunities to participate in activities, appropriate to their individual assessed interests in the centre, in the day service and in the community.

Residents had personal plans that contained information about their backgrounds, including details of family members and other people who were important in their lives. Plans set out residents' social interests, required health care supports and identified life goals.

There was an annual meeting for each resident, attended by the resident, his or her family and support workers, to discuss and plan around issues relevant to the resident, and to develop personal goals for the coming year. Records showed that plans were made and issues of importance to the resident's life and wellbeing were discussed at these meetings. The inspector viewed some personal plans and found that the goals identified were person centred and focussed on improving the quality of residents' lives.

There were a range of other activities taking place in day services and residents' involvement was supported by staff.

During the inspection, the inspector observed that staff supported residents to access facilities in the local community. For example, some of the residents attended an Easter Passion Play, and one went out dog walking, which he enjoyed. There was evidence that residents were also involved in activities such as shopping, eating out, meeting their families, leisure outings, cinema and concerts in the local town. There was transport available to bring residents to activities they wished to participate in.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The design and layout of the centre was suitable for its stated purpose, and met the needs of residents.

The centre was comprised of a two-storey house in a rural town. There was adequate communal and private accommodation for residents and a secure garden to the rear of the house. Each resident had his or her own bedroom. Bedrooms were suitably decorated and residents had personalised their rooms. Some bedrooms had en suite facilities and there were sufficient additional bathrooms available.

Communal rooms were bright, well furnished and comfortable. The house was maintained in a clean condition throughout. There was a well-equipped kitchen with dining space and a sitting room.

There was a utility room with laundry facilities, where residents could participate in their personal laundry.

Suitable arrangements for the disposal of general waste were in place. There was a contract with an external company for the supply of bins and removal of refuse from the centre. Residents and staff were involved in separation of refuse for recycling. No clinical waste was being generated.

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:

There were systems in place to protect the health and safety of residents, visitors and staff. During the last inspection of the centre. In October 2015, the inspector found that improvement was required to the risk register and the provision of fire resistant doors, and these had been addressed.

There was a risk management policy and a risk register available to guide staff. The policy and register included procedures for the identification and management of risk in the centre. However, the arrangements for the control of the specific risks stated in the regulations were not clearly outlined in the policy. The management team explained that this matter was currently being reviewed by the organisation's health and safety department. Personal risk management plans had been developed for each resident to identify risks specific to each person and their control measures.

While the centre was generally safe, there was a risk related to a bedroom door being

kept open at night, at a resident's request, noted during the inspection. The person in charge updated the risk register during the inspection to include this risk and the associated control measure. During the inspection, the person in charge also made arrangements to have an integrated closing mechanism linked to the fire alarm fitted to this door. Preparation to fit this mechanism commenced during the inspection.

There was an emergency plan in place which included guidance for staff in the event of any emergency or evacuation of the centre. Arrangements were in place to use alternative accommodation in the event of evacuation.

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

The provider had measures in place to ensure residents, staff and visitors to the centre were safeguarded from the risk of fire. Service records showed that fire extinguishers, fire alarms and emergency lighting had been suitably serviced. During the previous inspection in October 2015, the inspector found that the central heating boiler had not been serviced as required. On this inspection, this had been addressed. There was record of annual servicing of the central heating boiler; however, there was no evidence available to confirm that the person responsible for this servicing was suitably qualified for this role.

The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

Training records indicated that all staff had received fire safety training. Staff who spoke with the inspector confirmed this and knew the evacuation procedure. Personal emergency evacuation plans had been developed for each resident. The information in these plans provided guidance about the level of support required by each resident.

Quarterly fire drills were recommended within the organisation, including at least one annual fire drill during sleeping hours. However, the person in charge had increased the level of fire drills to ensure that all staff had the opportunity to participate in at least one drill. Records of fire drills were kept and included information such as the total time taken to evacuate the centre. Records indicated that all evacuations, including night drills, had been undertaken in a timely manner.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

There were measures in place to protect residents being harmed or abused. During the last inspection, improvement was required in supporting residents to manage their money and this had been addressed.

There was a policy in place for responding to allegations of abuse. The person in charge and team leader were very clear on how any allegation or suspicion of abuse would be investigated and managed.

All staff had received adult protection training. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Contact details for this person were clearly displayed in the centre.

There was a policy for the provision of intimate care and individual intimate care plans had been developed for all residents.

There was a policy for the provision of behavioural support and staff had received training in managing behaviour that is challenging, although at the time of inspection there were no residents presenting with behaviours that challenge.

At the time of inspection there were no physical, chemical and environmental restraints in use in the centre.

Since the last inspection, the person in charge had worked with residents and had reviewed the arrangements for personal finances, to ensure that residents had increased control of, and access to, their own money.

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):

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

Findings:

Residents' healthcare needs were well met and they had access to appropriate medical and healthcare services.

Residents were supported to visit their general practitioners (GPs) as required and all residents had attended their GPs for annual health checks. Residents also had access to a range of healthcare professionals, including an occupational therapist, speech and language therapist and a neurologist, in addition to attending routine appointments with dentists and opticians.

All residents had personal plans that outlined the services and supports to be provided to achieve and maintain good health. The care and support plans viewed by the inspector contained detailed information around residents' healthcare needs, assessments, medical histories and supports required from staff.

The inspector found that residents' nutritional needs were well met. All residents were weighed monthly and had annual nutritional screenings. All residents were supported and encouraged by staff to eat healthy balanced diets and participate in exercise. The inspector saw residents eating healthy, home cooked meals which they said they enjoyed. Residents had unlimited access to the kitchen, and were involved in food preparation, meal planning and grocery shopping.

At the time of inspection, all residents in the centre were in good health. There were no residents with wounds or pressure ulcers, diabetes, epilepsy, or assessed as being at risk of malnutrition.

During the last inspection the inspector had found that improvement was required to the involvement of appropriate healthcare specialists in the assessment and development of some residents' communication skills and this had been suitably addressed.

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 there were safe medication management practices in place.

Training records indicated, and staff confirmed, that all staff had received training in safe administration of medication.

The inspector reviewed a sample of prescription and administration charts and noted that the information required to guide staff on safe medication administration was present. Names of medications, times and routes of administration, and signatures of the staff members administering the medication were clearly recorded. The maximum dosage of p.r.n. (as required) medication was prescribed. All medication on prescription sheets, including discontinued medication, had been reviewed and signed by a GP. Personal administration protocols had been developed for each resident. There were colour photographs of each resident available to verify their identity if required.

There were appropriate systems for the ordering, storage and return of medication. The inspector found that medication was suitably stored and there was a secure system for the return of unused and out-of-date medication to the pharmacist.

Self administration assessments had been undertaken for all residents. Although it was found that self administration was not suitable for most of the current residents, there was a process developed for one resident to self administer medication.

At the time of inspection, none of the residents required medication to be administered crushed, medication that required refrigeration or medication requiring strict controls.

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):

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

Findings:

The provider had established a clear management structure, suitable supports were available to staff, and there were systems to review and improve the quality of service.

The person in charge had responsibility for the overall management of the service, and

for overseeing the quality of care delivered to residents. The person in charge was the manager of more than one service in the area and worked closely with a social care leader who was based in the centre. The social care leader was responsible for the day-to-day management of the service, and for supervision of the staff team. There were arrangements to cover the absence of the person in charge and there were suitable out of hours arrangements in place to support staff.

There were systems to monitor the quality and safety of care. All accidents and incidents were recorded and kept under review for the purpose of identifying trends. Audits being carried out by staff included, monthly audits of medication, health and safety, finances and monthly health and safety, all of which indicated high levels of compliance. Additional audits of residents' personal finances were also undertaken by the finance department in the organisation and the health and safety team carried out quarterly health and safety reviews.

Unannounced six monthly reviews of the service had been carried out on behalf of the provider as required by the regulations. Copies of the reports, which included an action plan of required improvements, had been supplied to the person in charge for her attention. Some of the actions identified in the report had been addressed, while others were in progress. An annual report on the quality and safety of care in the designated centre had also been prepared. As part of the annual report the person in charge had undertaken satisfaction surveys with relatives and their families and the outcomes of these surveys were incorporated into the report.

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 found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had received a range of training appropriate to their roles. However, some improvement was required to staff recruitment documentation.

There was a planned roster prepared and this was being updated as required to reflect the actual roster. Staff accompanied residents when they wanted to do things in the local community such as going shopping or for meals. Separate staff supported residents who chose to attend day services. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were clearly comfortable in the company of staff and they told the inspector that staff cared for and supported them very well.

Staff had received mandatory training in fire safety, safeguarding and manual handling. In addition, staff had attended other training relevant to their roles, such as training in safe medication administration and behaviour management.

The inspector found that, in general, 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 most of the required documents, such as suitable references, photographic identification and Garda vetting. However, there was an unexplained gap in employment history in one of the files viewed.

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-0001789
Date of Inspection:	11 April 2017 and 12 April 2017
Date of response:	26 May 2017

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 07: Health and Safety and Risk Management

Theme: Effective Services

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

Arrangements for the control of the specific risks stated in the regulations were not clearly outlined in the risk management policy.

1. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management

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

policy includes the measures and actions in place to control self-harm.

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

The registered provider meets the regulation requirements in relation to risk management across the following suite of policies

- Developing the Organisational and Local Service Risk Register (WCA 2A.18)
- The Organisation Safety Statement (WCA 2A.7)
- The Department Safety Statement, which includes the Hazard Identification and Management (WCA 2A.8)
- Fire Safety Guidelines (WCA 2A.9)
- The Emergency Procedure (WCA 2A.10)
- The Missing Person's Policy (WCA 2A.11)
- The Policy on Listening and Responding to People (WCA 1.9)
- The Incident Reporting Procedure (WCA 1.10)

Guidance has been issued for staff clarifying how these policies meet these requirements and provide an effective policy framework for staff to follow in addressing risk issues.

Proposed Timescale: 28/04/2017

Theme: Effective Services

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

There no evidence available to confirm that the person responsible for servicing of the central heating boiler was suitably qualified for this role.

2. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The registered provider has obtained evidence that the person responsible for servicing of the central heating boiler is suitably qualified.

Proposed Timescale: 26/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was an unexplained gap in employment history in one of the files viewed.

3. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The Person in Charge has reviewed this employment history with the employee and identified the gap. The work history now accounts for full employment history.
The Person in Charge will conduct a full audit of staff files.

Proposed Timescale: 11/05/2017