



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

Issued by the Chief Inspector

Name of designated centre:	Slieve Rua Residential & Respite Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	21 January 2020
Centre ID:	OSV-0003916
Fieldwork ID:	MON-0025270

About the designated centre

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

Slieve Rua provides a residential and respite service to 12 adults in three separate houses. This centre supports residents with low to high needs and can also facilitate residents with reduced mobility. One house is dedicated to respite and one resident uses this house for planned breaks. One house supports three residents on a full-time basis and also facilitates respite for three identified individuals. The final house in the centre does not provide any respite and is home to five residents. Each house in the centre is warm and comfortably furnished and residents' bedrooms are decorated with items of personal interest and photos of family and friends. The centre is located within walking distance of a small town in the West of Ireland. Full-time residents are offered an integrated service and the respite users attend day services. There is a staffing allocation to support residents during the day and there is a sleep in arrangement in place during night time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 January 2020	09:00hrs to 15:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector met with eight residents on the day of inspection and visited all three premises which made up the designated centre. The inspector spent time with residents in a kitchen/dining area in two of the houses to observe work practices and interactions which were taking place. The inspector did not meet with any respite users on the day of inspection.

The inspector began the inspection in one of the houses in the morning, and at this time residents were having their breakfast together in the kitchen/dining area. Breakfast time in the centre appeared very relaxed and staff members and residents passed the morning chatting to each other and planning their day. Two residents who met with the inspector used verbal communication and one resident used non-verbal communication. One resident spoke at length and they said that they liked living in the centre and that staff were very nice. The two other residents appeared to enjoy their surroundings and they had free access to all areas of their home. After a short period of time there was a change over of staff and new staff members were warmly welcomed by the residents. One resident joked with a new staff member that they missed them yesterday and were looking forward to doing some artwork. This staff member was also observed to engage in a very person centred manner with residents and they took time to say good morning to each resident. The inspector observed that one resident who used some verbal communication was sitting having a cup of tea and the staff member met them at eye level when wishing them good morning, the resident responded in a warm manner and they appeared to enjoy this interaction.

A resident who met with the inspector stated that they had gone to bingo the previous day with an external service provider, and that they didn't win anything but they really enjoyed this outing. Staff members who met with the inspector detailed difficulties in coordinating transport to facilitate activities for residents and the inspector met with a resident who stated that they would like to get out more in the community.

The inspector met with five residents in another house and at this time some residents were having a cup of tea and other residents were having a meal. Residents who used this house were non verbal and had high support needs. There was a nice atmosphere in this house and staff members who met with the inspector had a good understanding of the residents' needs and their preferences. Staff members also interacted with residents in a caring manner and were planning an outing for residents that day. However, through further conversation and a review of records, it became apparent that the quality of outings for residents in this house required improvement. For example, due to the care requirements and staffing allocation, only one resident at a time would be able to leave the bus on the planned trip with four other residents and a staff member remaining on the bus. Staff members spoke at length how all trips took careful planning to coordinate transport to facilitate residents' community activities and that an allocation of three volunteers

had a positive impact on this area of care . There was also an activity schedule which facilitated residents to have at least one individual outing in the week and when some residents went home for short breaks this facilitated other residents to engage in more community activities which they enjoyed such as shopping and visiting restaurants and coffee shops.

Overall, the inspector observed that residents were safe and that staff members worked in a very personal manner; however, some significant improvements were required to ensure that residents could access the community and engage in activities which they liked at times of their own choosing.

Capacity and capability

The person in charge facilitated the inspection and they were found to have a good understanding of the residents' care needs and of the service which was provided to meet those needs. They were based in the centre and staff members who met with the inspector stated that they regular contact with the person in charge and could meet with them if they had any concerns. Staff members attended regular team meetings and individual supervision was occurring on a planned basis which assisted staff members in regards to their roles within the centre. The provider had a programme of training in place which ensured that staff members were supported to meet residents' care needs and the person in charge ensured that all staff members had attended training as required.

The inspector found that the oversight arrangements assisted in ensuring that residents were safe and that enough staff were on duty to meet their intimate care needs. However, as mentioned earlier in the report, the quality of the service required some improvements. Residents in one house were assessed as requiring one-to-one support when accessing the community and although there were two staff on duty in this house, it generally meant that all residents went out together with only one resident being able to leave to bus for an activity at a time, while other residents remained on the bus with a staff member. There was evidence that residents were facilitated to have individual outings such as swimming and visiting restaurants but these normally occurred once weekly. Staff members detailed how volunteers had a positive impact on supporting residents with community access and a review a documentation indicated that residents had more outings during the summer with residents enjoying the local beaches and picnics in nearby parks. However, overall the inspector found that the allocation of staffing in this house was not meeting their needs in regards to accessing community activities which they enjoyed.

The inspector did not meet with any respite users, but a review of documentation in the allocated respite house indicated that respite users in this house enjoyed good community access and regularly attended football matches and went for meals out and visited religious sites which they appeared to enjoy.

The final house in the centre also had difficulties in supporting residents to access the community. A review of documentation for one resident indicated that they only accessed the community three times in the three weeks prior to the inspection, with one outing facilitated by an external organisation and two other trips to a day service and church which were located within a short walk of the centre. The centre had access to a car and wheelchair accessible bus but these were also shared with a local day service. A separate day service bus also brought one resident, one day a week to a large town which was nearby. Staff indicated that careful planning was required to support residents to access the community and any medical appointments took priority which meant that other residents were unable to access the community.

The provider had arrangements in place to ensure that all required audits and reviews were completed and the person in charge also completed a schedule of audits which ensured that residents received a safe service. The annual review was also completed following a consultation process with residents and their representatives and improvements in the area of community access was highlighted, but no additional progress had been made in this area of care.

Overall, the inspector found that residents received a safe service and there was sufficient staff on duty to meet their intimate care needs; however, the allocated staffing resources and transport arrangements were having a negative impact on the quality of care which residents received.

Regulation 15: Staffing

The person in charge maintained an accurate staff rota and warm interactions between staff and residents were observed throughout the inspection. Improvements were required in regards to the allocation of staffing to ensure that the quality of the service was maintained to a good standard of support.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff members stated that they felt supported by the person in charge and they also attended regular team meeting and scheduled supervision sessions. Staff members had also received training in areas such as fire safety, minimal handling, safeguarding and supporting residents with behaviours of concern. A review of training records indicated that all staff members were up-to-date with their required training.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed all required audits and reviews and actions which had been highlighted from the last six monthly audit had been completed as required. The centre's annual review had been completed, but an area of improvement in regards to community access had not been progressed. The inspector found that residents received a safe service; however, the allocation of staffing resources and transport arrangements was having a negative impact on the quality of the service which residents received.

Judgment: Not compliant

Regulation 30: Volunteers

Three volunteers supported some residents to access the community and the person in charge ensured that they received regular support and supervision as highlighted in the last inspection of this centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge maintained a record of notifications which had been submitted to the office of the chief inspector; however, the use of all restrictive practices had not been submitted as required.

Judgment: Substantially compliant

Quality and safety

The inspector observed that staff members interacted with residents in a very kind and caring manner. They had a good understanding of resident's individual care needs and they could detail the use of chemical interventions to support residents when attending some appointments. They could also detail the efforts which were made to familiarise residents with these appointments when attempting

to reduce the need for chemical interventions. Specific, as required protocols, were also in place to guide this area of care and residents' representatives and general practitioner were actively involved in these arrangements. Staff members were also observed to consult with residents throughout the inspection and regular residents' meetings were occurring were topics such as safeguarding, activities and general house matters were discussed.

There was a pleasant atmosphere in each of the houses and pictures of residents, both passed and present, gave the centre a real sense of home. One resident gave the inspector a guided tour of their home and gave the inspector permission to see their room which they were very proud of. Their room was very cosy and decorated with pictures and soft furnishings of a country and music star which they said they were very fond of. This resident also indicated that they would like to help out with preparing dinner and the inspector observed them preparing vegetables while they chatted to a previous staff member of a nearby day service who had called for a visit.

As mentioned earlier in the report, the inspector found that the provider had systems in place to ensure that the safety of care was promoted; however, improvements were required in regards to supporting residents to access their local community. Staff members had to carefully plan residents' activities which were primarily dependent on the availability of transport which was shared between three houses and a day service. Although the provider had sought alternative arrangements such as the use of volunteers and input from external service providers, overall residents were not able to access the community on a daily basis or at a time of their choosing. Furthermore, when some residents did attend the community, they sometimes did so as a group and due to their care needs they were unable to engage in meaningful activities, for example, staff members detailed that residents would go to a local town for groceries, but only one resident could go shopping while other residents waited on the bus. A resident in another house stated that they would like more community access and a review of their records indicated that they had three community activities in three weeks prior to the inspection. Management of the centre indicated that they were waiting on delivery of a new bus, but a decision had not been made as to whether this was to replace existing transport or as an addition to the current transport arrangements.

Overall, the inspector found that staff members delivered care in a person centred manner and the provider ensured that residents' safety was promoted; however, improvements were required in regards to supporting residents to access their communities to engage in activities which were meaningful.

Regulation 13: General welfare and development

Improvements were required to ensure that residents were supported to have opportunities to socialise and engage in activities within their local communities.

Judgment: Not compliant

Regulation 17: Premises

Each house had a pleasant atmosphere and the displayed photographs of family friends and activities gave the centre a real sense of home. Each resident had their own bedroom and there was ample reception rooms for residents to relax. There was also sensory rooms in two houses for residents to enjoy.

Judgment: Compliant

Regulation 28: Fire precautions

The action from the last inspection was addressed with improvements in regards to the containment of fire in the allocated respite house.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Some improvements were required in regards to medication prescription sheets to ensure that they were accurate and in-line with medications which were dispensed from the pharmacy.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to their general practitioner and allied health professionals. A tissue viability score had been completed since the last inspection by public health services; however, a copy of this report was not available for review and no further reviews had occurred. A resident also required close monitoring of a skin condition and as required medication was recorded as having being administered for this medical need; however, there was no recording system in place to monitor this skin condition or the effectiveness of the as required medication.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Improvements had been made in regards to as required medication protocols which were used in response to pain. These protocols now contained detailed information as to when to use these medications in response to self injurious behaviour.

Judgment: Compliant

Regulation 8: Protection

Residents appeared relaxed and a resident who could verbalise their thoughts stated that they liked living in the centre. Staff were observed to interact in a kind and caring manner and improvements had been made since the last inspection with residents' awareness of self care and protection now promoted in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Slieve Rua Residential & Respite Services OSV-0003916

Inspection ID: MON-0025270

Date of inspection: 21/01/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC will review and update the needs assessments for each resident in the service.</p> <p>The PIC and PPIM will review the allocation of resources within the centre. The findings from this review will be presented to the Director of Operations (PPIM) and Human Resource Manager, any deficit will be addressed at this level. 31/03/2020</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC will review and update the needs assessments for each resident in the service.</p> <p>The PIC and PPIM will review the allocation of resources within the centre. The findings from this review will be presented to the Director of Operations (PPIM) and Human Resource Manager, any deficit will be addressed at this level. 31/03/2020</p> <p>Each Residents Individual Plan will be audited by the PIC, this will inform the new daily schedules for residents.</p> <p>The PIC will introduce new daily logs that will capture all priorities, and community</p>	

involvement, these will be summarized on a monthly basis, reviewed and discussed at the team meeting. This will be reviewed by the PIC and PPIM in monthly meetings.

An additional vehicle is on order for the service. Following adaptations this will be available to the service by the end of Feb 2020. This will ensure that each site will have a vehicle for their use.

The PPIM will track the progress of this action plan with the PIC in monthly Support and Supervision meetings.

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The PIC will ensure that all restrictive practices are submitted to HIQA on a quarterly basis as set out in the regulations. 30/01/2019

Regulation 13: General welfare and development

Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

Each Residents Individual Plan will be audited by the PIC , this will inform the new daily schedules for residents.

The PIC will introduce new daily logs that will capture all priorities, and community involvement, these will be summarized on a monthly basis, reviewed and discussed at the team meeting. This will be reviewed by the PIC and PPIM in monthly meetings.

The PIC and PPIM will review how resources are used within the designated centre.

An additional vehicle is on order for the service. Following adaptations this will be available to the service by the end of Feb 2020. This will ensure that each site will have a vehicle for their use.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The PIC will ensure that all medication prescription sheets are accurate and in line with the medication dispensed from the pharmacy. 22/01/2020</p> <p>The PIC will complete monthly medication audits to ensure that the prescription sheet is in line with the medication dispensed from the pharmacy. 28/02/2020</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Public Health Nurse completed a review of the skin condition on 12/11/2019, evidence of this was located in the residents' 2019 archive folder following the inspection.</p> <p>The Public Health Nurse along with the PIC have updated the guidance for staff on how to monitor, and record the condition, this will guide staff on when to alert the Public Health Nurse, or the residents G.P. when necessary.</p> <p>The PIC will develop a daily log that will capture the monitoring of Skin viability, this will be reviewed monthly.</p> <p>The PIC has put a recording system in place for staff to record the condition of the skin each morning. This will review at monthly by the PIC.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	15/03/2020
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/03/2020
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Not Compliant	Orange	31/03/2020

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	28/02/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or	Substantially Compliant	Yellow	30/01/2020

	environmental restraint was used.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/01/2020