

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001772
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

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:
02 March 2016 10:00	02 March 2016 18:00
03 March 2016 09:30	03 March 2016 15:30

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

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

Summary of findings from this inspection

This inspection was conducted following an application by the registered provider to register the designated centre under the Health Act 2007, as amended. The application was to provide respite services for both children and adults. The designated centre consisted of one community house and is operated by Western Care Association.

The application to register was for the centre to provide services to a maximum of four residents at any one time. The inspector was informed that while the centre historically provided children-specific services, a number of residents had not been

transitioned into adult services on reaching the age of 18. As a result, the centre now provided services to both children and adults.

The provider told the inspector of the intention to transition adult residents to a designated centre for adults in the coming months. Furthermore once all adults were discharged, the provider would apply to vary the conditions of the registration to a service specifically for children.

The inspector confirmed that at the time of this inspection, the centre provided services to both children and adults.

The inspector met with residents, family and staff during the course of the inspection, observed practice and reviewed documentation. Residents and family members expressed satisfaction with the service provided. Family members told the inspector that their loved ones looked forward to attending the respite service.

The inspector found staff to be knowledgeable about residents' needs and were observed to engage with residents in a dignified and respectful manner.

The inspection was facilitated by the person in charge and feedback at the end was provided to persons participating in management of the centre.

The inspector found that the systems in place promoted a safe and effective service. Compliance was identified in sixteen of the eighteen outcomes inspected.

However, improvements were required to the procedures in place to evidence that residents could be evacuated safely in the event of an emergency. Improvements were also required in the personal plans of residents to ensure that all relevant areas were consistently updated following a change of need.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013.

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 centre had policies and procedures in place for the receipt and management of complaints. The Children's Service Manager was the person nominated as the complaints' officer. The inspector reviewed the record of complaints maintained in the centre and confirmed they were managed in accordance with Regulation 34.

The designated centre consisted of five bedrooms. Each bedroom was single occupancy, therefore, facilitating personal activities to be undertaken in private. The inspector observed staff to engage with residents in a dignified and respectful manner.

Residents' personal documentation was stored in a secure location. Information about the rights of children was appropriately displayed in an accessible format in the centre.

The inspector reviewed a sample of residents' meetings which were also attended by a number of parents. Topics covered at the meetings included residents' rights, fire safety and positive behaviour support. The inspector met with family members who confirmed that they were consulted on the care provided in the centre.

The inspector reviewed the system in place for the safeguarding of residents' possessions and determined that there were appropriate control measures in place. As the centre only provided respite, staff did not manage the finances of any resident although there was a system for managing residents' personal monies.

Residents were supported to take part in activities for the duration of their stay which was part of the goals identified at planning meetings. The inspector found that the

activities were age appropriate and took into account the individual needs of different residents.

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:

The communication needs of residents were identified in their personal plans. The inspector observed staff engaging with residents and found that the needs identified in plans were reflected in practice. For example, staff were learning to greet residents in their native language, if this was not English.

Staff used a variety of appropriate pictorial aids to support residents. For example, residents' photographs were placed on bedroom doors. There were also assistive devices to support residents in recognising the different staff.

Residents had access to a telephone, television and radio.

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:

The designated centre had policies in place for visitors to the centre. A record was also maintained of everyone who visited the centre. Family members said that they were always made to feel welcome and that they could contact a member of the team at any time.

Residents were involved in activities in the wider community, such as eating out and walks, for the duration of the stay. The inspector was informed that residents had also attended a local community residence meeting.

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:

Children and adults did not access the service at the same time. This was in line with the policies and procedures for the admission and discharge of residents.

The inspector reviewed a sample of written agreements between the provider and the residents and/or their representatives. They adequately outlined the terms in which a resident would reside in the centre including the fees, if any, to be charged. There was no charge in place for children accessing the service. Adults were charged a nightly rate which they paid directly to the centre. A review of residents' finance records confirmed that the practice was as stated in the written agreement.

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:

From the sample of personal plans reviewed, the inspector confirmed that a comprehensive assessment had been completed. Once a need was identified, a plan of care/goal was developed to meet that need. However, due to the volume of information contained in personal plans, the inspector determined a risk was present in that recommendations from allied health professionals or families were not consistently included in all the relevant plans of care.

The inspector also noted the quality of the interventions stated in the plans of care varied. For example, the bed time routine for children was personalised and informed by the parents. However, the specific supports residents required for personal care did not include all residents' needs. As the service was episodic, the inspector found that a risk was present due to the amount of information maintained. Management stated the reason for the inconsistency was that the structure of the personal plans was under review.

Annual reviews occurred of personal plans. The reviews considered the goals to be achieved. The inspector found that the goals were mainly short term and age appropriate. A review of daily records and personal plans confirmed that residents were supported to achieve their goals.

The inspector observed that residents who were in the process of being discharged from the centre were supported to do so. This included visiting the new centre.

Judgment:

Substantially 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 a two storey five bedroom house. There was one bedroom on the ground floor. Another bedroom was a staff room/office. Two of the bedrooms were en-suite. The bedroom on the ground floor had an overhead hoist. There was also a door connecting the bedroom to the downstairs shower room. As there were two doors to the down stairs shower room, control measures were in place to maintain the privacy of the resident in the bedroom. The inspector was also informed by staff that only residents who could independently access the stairs used the bedrooms upstairs. From a review of the admissions schedule, the inspector confirmed that this happened in practice.

The communal areas consisted of a kitchen/dining room, sunroom, lounge and utility room. The house was clean and suitably decorated, accounting for the dual purpose of a service for adults and children.

There was sufficient heating and lighting on the days of inspection.

There was sufficient storage for residents' personal belongings in the centre.

The external grounds were suitable for the needs of residents, inclusive of a play area for children.

There were suitable arrangements for the disposal of waste.

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:

There were policies and procedures in place for the health and safety of residents, staff and visitors. There was also a risk management policy. There was a system in place for the assessment of risk which identified both communal and individual risks. Of the sample reviewed the inspector found that appropriate control measures had been identified and were implemented in practice.

There were policies in place for the prevention and control of infection. The inspector observed the centre to be clean. Cleaning schedules confirmed that this was the usual standard. Staff demonstrated to the inspector adequate knowledge of infection control procedures.

There were procedures in place for the prevention, detection and response to fire. Records were maintained to evidence that equipment such as the fire alarm, fire extinguishers and emergency lighting were serviced at appropriate intervals. Fire doors were located in relevant areas and had self closers. Staff had received training in fire safety.

There were two final fire exits identified in the emergency plan. However they were not provided with the appropriate emergency lighting. The inspector identified this to the person in charge on the first day of inspection. On the second day of inspection arrangements had been put in place to address this. The risk register identified the sun room as a risk of fire due to the equipment maintained in this room. This was the room that individuals would have to exit to evacuate from the kitchen. Therefore in the event of a fire in this room, this could potentially inhibit individuals from safely evacuating. There was an additional exit through the utility room, however this had a step, therefore not suitable for individuals who required assistive equipment to mobilise. The inspector requested at the feedback meeting that a review occur of the number of final fire exits. Management agreed to review this arrangement.

Records of fire drills did not evidence that all residents could be evacuated to a place of safety in a timely manner. The practice was that each resident would partake in a fire drill on a quarterly basis, with at least one night time fire drill a year. The inspector reviewed a sample of the drills and found that they evidenced that residents could be evacuated in an appropriate time period, however they did not identify the location of the fire or the point of evacuation. This presented a risk considering the findings of the inspector regarding the final fire exits. There was evidence that when a challenge was identified in evacuating a resident, appropriate action occurred. For example, if it was identified that an evacuation did not occur in an acceptable time frame, input was sought from the appropriate allied health professional and another drill was completed.

Records were maintained of the servicing of equipment such as hoists and boilers.

Judgment:

Substantially 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:

There were policies and procedures in place for the safeguarding of adults and children. Staff had received appropriate training. Staff adequately described to the inspector the indicators of abuse or neglect and the actions to be taken in the event of an allegation or suspicion of abuse. Family members said that they felt their children were safe in the centre.

There were policies and procedures in place for the provision of positive behaviour support and the use of restrictive practices. Personal plans included input from the appropriate allied health professional if required. Staff were familiar with the needs of residents and how to implement the proactive strategies to reduce the risk of an adverse event occurring. In the event of an adverse event occurring, an appropriate review of the incident had occurred.

A record of all restrictive practices was maintained in the designated centre. The restrictive practices were, in the main, mechanical. This included the use of bedrails and lap straps for wheelchairs.

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:

There was a record of accidents and incidents maintained in the designated centre. Of the sample reviewed, the inspector found that all notifications had been submitted to the Chief Inspector as required by Regulation 31.

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:

There were policies and procedures in place for residents' access to education, training and development. Due to the short term basis of the service, in the main, the focus was to support residents to access school or day service. Links had been developed with the schools of children to ascertain their individual education plans. The person in charge informed the inspector that this was to assist with developing skills while the children were accessing respite.

Personal goals of residents included developing independence skills such as road safety.

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:

Health care needs of residents were fundamentally met and led by their primary caregivers. The person in charge stated that an aim of the service was to increase communication with families to ensure that the team were informed of any changes to their healthcare needs.

The healthcare needs of residents were identified in their personal plans and plans of care were in place. The inspector reviewed a sample of personal plans and found that the information contained was adequate to support residents for the length of their stay. For example, epilepsy management plans identified the indicators of a resident becoming unwell and the actions to be taken in the event of a seizure.

The procedure in place in the event of a resident becoming acutely unwell was to contact their parent or next of kin. Staff stated that there had been instances in which a resident was transferred to an acute setting. The inspector was assured that the appropriate supports, such as staffing, were in place until the resident's family were present.

The practices in place to ensure that the nutritional needs of residents were met were adequate. Some residents required the use of Percutaneous Endoscopic Gastrostomy (PEG) feeding tubes to ensure that their nutritional needs were met. There was appropriate guidance in place to support this practice. Staff had received training in the administration of this and adequately described to the inspector the appropriate precautions which needed to be taken.

Residents' food likes and dislikes were documented. Staff told the inspector that they purchased food on a daily basis based on the likes and dislikes of residents. The system was flexible depending on the choice of the resident on the day. Parents stated that they were happy with the food provided to their children. The inspector observed residents to be offered food and drink on a regular basis. Records of the food and fluid intake of residents were maintained.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

There were policies and procedures in place for the ordering, prescribing, storing and administration of medication. The inspector confirmed that the practice was in line with policy.

The practice was that residents were admitted with their medication and prescription. This was returned to the parents/next of kin on discharge.

Staff reviewed the prescription records on admission and completed a stock check of the medications. The inspector queried the practice if the prescription record of the resident was inaccurate or if the medication supplied did not correlate with the prescription. Staff informed the inspector that efforts would be made to address this however that residents would need to be discharged if not. This had occurred in practice.

The residents present in the centre on the day of inspection were not prescribed any medications for the duration of their stay therefore the inspector was unable to observe the administration of medication. Staff described the appropriate procedures to the inspector.

The inspector found that not all staff had received training in the safe administration of medication however a review of the rosters evidenced that there was always one staff on duty with this training.

There was appropriate storage located in the designated centre for medication if present in the designated centre.

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:

As part of the application to register the centre, the registered provider was required to submit a copy of the Statement of Purpose to the Chief Inspector. The inspector determined that the document contained all of the items required by Schedule 1 of the regulations.

The inspector requested at the feedback meeting that the provider amend the Statement of Purpose to state that residents admitted to the first floor would be assessed as being able to utilise stairs.

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 organisation has a clear management structure in place. The person in charge is the frontline manager of the centre. The person in charge reports to the Children's Service Manager, who is identified in the application to register as a person participating in the management of the centre. The Children's Service Manager reports to the Executive Director. The Executive Director is the person nominated by the provider for the purposes of engaging with HIQA.

The inspection was facilitated by the person in charge. The person in charge is full time and is actively engaged in the governance and management of the centre. The person in charge provides direct support to residents and also has administration hours to engage in managerial activities. The inspector determined that the person in charge is knowledgeable of the regulations and aware of their statutory responsibilities. Staff were positive regarding the person in charge and the support they received. The inspector observed residents and family members to be familiar with the person in charge.

The inspector reviewed the systems in place for the review of the quality and safety of care provided to residents. The person in charge completed audits inclusive of incidents/accidents, finances and medication.

The provider had also nominated the Children's Service Manager to complete six monthly unannounced visits. Following on from this, a work plan was completed. The inspector reviewed a sample of the work plans and found that the actions identified had been addressed within an appropriate timeframe.

The provider had completed an annual review of the quality and safety of care.

There was an on call system in place which informed staff of the persons participating in management available in the event of an emergency.

There was also evidence of staff meetings which addressed routine issues and also were used as an opportunity to develop staff knowledge.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge had not been absent from the centre for more than 28 days. Therefore there was no requirement to notify the Chief Inspector. The provider was aware of the requirement to inform the inspector if this were to occur. The Children's Service Manager was nominated as the person to deputise in the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspector observed the centre to have adequate food, heat and light on the day of inspection. There was also transportation to support residents to access activities in the wider community. There were sufficient funds allocated by the registered provider to ensure the day-to-day running of the centre. Staff confirmed that they felt there were adequate resources available.

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 centre maintained a planned and actual staff roster. The staffing on the days of inspection was reflective of the roster. The inspector reviewed a random sample of dates and confirmed that the staffing levels were appropriate to meet the needs of the residents. Family members confirmed that they were satisfied with staffing levels and that staff were consistent in the centre.

A review of training records confirmed that staff had received mandatory training.

Additional training had been provided in first aid and food and nutrition to some staff. Not all staff had training in the safe administration of medication however the appropriate safeguards had been implemented in the interim.

The person in charge had completed formal supervision with staff. The records evidenced that the meetings addressed the competency of staff and areas of improvement.

The inspector met with staff during the course of the inspection and found that they were knowledgeable of the regulations relevant to their role.

There were no volunteers involved in the centre on the day of inspection.

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 reviewed a sample of staff files and confirmed that they contained all of the items of Schedule 2.

The records as required by Schedule 3 and Schedule 4 were maintained inclusive of a directory of residents.

The policies and procedures required by Schedule 5 were also maintained and had been reviewed within 3 years as required by regulation.

The registered provider submitted evidence of adequate insurance as part of the application to register.

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:

Jillian Connolly
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-0001772
Date of Inspection:	02 March 2016
Date of response:	18 May 2016

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 05: Social Care Needs

Theme: Effective Services

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

Residents' personal plans were not consistently updated following a review.

1. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

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

1. There will be a full audit of the Individual Plans to ensure all recommendations received from multidisciplinary staff and family are captured in the relevant part of the Individual Plan and implemented as required. 30/06/2016

2. As an aid to staff, a summary overview will be developed for all Individual Plans including those who use the service episodically, to set out key aspects of individual strengths and challenges and to signpost staff to relevant support plans and guidance as required by individual's needs and conditions. 31/07/2016

Proposed Timescale: 31/07/2016

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:

Evidence did not support that the two final fire exits were sufficient. Records of fire drills did not adequately account for all circumstances.

2. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

1. A written directive will be included in the fire drill book for staff to comply with. This additional requirement will be that staff must locate the fire in different zones (Rotate the drills for all three zones) document in the fire drill, the location of the fire, the exits used, length of evacuation and any problems encountered, if any. Staff will be briefed on same. 30/06/2016

2. The step at the utility door will be replaced by a ramp. This will be used as a final third Fire exit and service users will be evacuated through this door if necessary. This will be updated on the Centre Emergency Plan. 31/08/2016

Proposed Timescale: 31/08/2016