

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cois Fharráige Residential & Respite Services
Centre ID:	OSV-0001765
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 09 March 2017 09:00 To: 09 March 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out 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. The previous inspection of this centre took place on 10 and 11 May 2015. As part of this inspection, the inspector reviewed the two actions the provider was required to take since the previous inspection. The inspector found that one of these actions had not been addressed in line with the provider's response

How we gathered our evidence:

As part of the inspection, the inspector met with seven residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. Residents spoke openly with the inspector and stated that they were happy with the service provided. The residents' bedrooms were individually decorated with items of personal interest and photographs of family and friends. The inspector also spoke with five staff members, including the person in charge. The inspector observed interactions between residents and staff and work practices. Documentation such as personal

plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised two houses. One house was a single story building and accommodated five residents on a full-time basis. The other house was a two story building and accommodated four respite users on a set number of nights per week. There were nine identified respite users for this house. Each resident had their own bedroom and both houses had an adequate amount of shared bathrooms and toilets which were appropriately equipped. There were adequate communal rooms available for residents to have visitors such as family and friends. One house was located in a suburban area of a town and the other was located in the town. Suitable transport was made available to residents who wished to access the community.

Overall judgement of our findings:

The inspector found compliance with the regulations under several outcomes including admissions, safeguarding, healthcare, medications and governance and management. However, improvements were required in relation to residents' rights, social care needs, health and safety, statement of purpose and workforce.

The reasons for these findings are explained under each outcome and the regulations that are not being met are included in the action plan at the end of this report.

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):

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

Findings:

On the day of inspection, the inspector found that the rights and dignity of residents was promoted in the designated centre. Residents stated that they had a nice house and were happy in the centre. The action from the previous inspection had been addressed, with details of the appeals officer for complaints now available. However, improvements were required in regards to supporting residents to spend their money.

Residents' meetings were taking place on a monthly basis where topics such as activities, news, family events and meals were discussed. Information on residents' rights was also readily available throughout the centre.

There was a policy on supporting residents to make complaints and the centre maintained a log of received complaints. Residents stated that they could complain to staff if they were unhappy. Staff could identify the people nominated to respond to complaints and information on how to make a complaint was on display in the centre.

Residents were supported to manage their finances. Staff maintained records of money that was spent including receipts which were signed by staff. The person in charge audited financial records on a regular basis and all accounts were audited annually by the organisation's financial controller. The inspector found that one resident had paid for a medical procedure, however, there was no evidence that the resident and their representatives had been consulted prior to attending this procedure.

Judgment:

Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that residents had signed, written agreements in place which detailed the services to be provided and the fees which would be charged. The written contracts also included any additional expenses which the residents may incur.

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:

On the day of inspection, the inspector found that the social care needs of residents were maintained to a good standard; however, improvements were required to the accessibility of personal plans for residents.

Each resident had a personal plan in place which was regularly reviewed. Plans incorporated areas such as individual goals, healthcare needs, family connections,

communication needs and personal achievements. However, personal plans were not made available to residents in an accessible format.

Residents' goals were formulated on an annual basis with the involvement of the resident, their family and staff members. Residents were supported to achieve their goals and were aided by identified family members and staff. Residents' goals were regularly reviewed and progress notes were maintained.

Residents were also supported to access the community on a regular basis and enjoyed a diverse range of activities. Residents attended concerts, festivals, religious monuments and visited their families at the weekends.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the premises met the assessed needs of residents. However, improvements were required in relation to decoration of both houses.

Both houses in the designated centre were clean and warm and had appropriate lighting and ventilation. Residents' bedrooms were of a good size and adequate storage was provided. An adequate amount of bathrooms, which were suitably equipped, were also provided for residents. The centre also had an appropriate number of reception rooms.

The inspector noted that improvements were required in to the decoration of the premises. One house required painting to the exterior and also had water damage inside. The other house in the designated centre required interior painting, in some areas.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. However, improvements were required in relation to fire precautions and risk management.

The centre had a fire detection system, which included a fire alarm and smoke detectors. Fire doors with automatic door closers, fire extinguishers, emergency exits and lighting were also in place. Staff were conducting regular fire drills and checks of fire extinguishers. However, the provider did not have systems in place to ensure that appropriate checks of all fire equipment was taking place.

The centre had information on display in regards to emergency procedures within the centre and each resident had an emergency evacuation procedure in place. The centre did not have a specific plan in place to guide staff in the evacuation of all residents, in a co-ordinated effort, in the event of a fire.

The centre maintained a register of all identified risks. Each resident also had a risk management plan in place. The inspector found that not all environmental risks had been identified such as fire and infection control and that some risk management plans failed to clearly document the identified risks. The inspector also found that some residents with identified risks, did not have a management plan in place.

The centre maintained a record of all adverse events which were responded to in a prompt manner by the person in charge. Infection control was also promoted within the centre.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that residents were safeguarded against potential abuse. The centre also had policies and procedures in place to support staff in the safeguarding of residents.

Residents stated that they felt safe in their home and could go to staff or the person in charge if they had any concerns. Staff had a good knowledge of identifying potential abuse and were able to name the nominated person to manage any allegations of abuse. The centre also displayed a picture and contact details of the designated person to manage allegations of abuse.

The inspector reviewed a sample of behavioural support plans. Staff had a good knowledge of these plans and found that they supported the delivery of care for the resident. There were no restrictive practices in place on the day of inspection.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the best possible health of residents was promoted in the designated centre.

Residents were supported to attend their general practitioner on an annual basis and in times of illness. Residents were also referred to allied health professionals and specialists as required. The inspector found that all prescribed interventions following these referrals had been implemented by the staff team and were supported by an appropriate plan of care.

Meals appeared nutritious, appetizing and were modified to meet residents' needs where required.

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:

On the day of inspection, the inspector found that there were systems in place for the safe receipt, storage, administration and recording of medications. However, improvements were required in relation to the prescribing of medications.

The centre maintained prescription sheets which detailed all prescribed medications including the medication, dosage, frequency, route and administration times. However, a prescribed rescue medication did not state the two named routes of administration as detailed in the resident's personal plan.

Staff had a good knowledge of medication management practices and were trained in the safe administration of medications, including reporting procedures for medication administration errors. The person in charge carried regular audits of medications within the centre including the receipt and return of medications to the pharmacy.

The centre had appropriate, locked storage facilities for medications and residents had also been assessed to self medicate.

Judgment:

Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

On the day of inspection, the provider had a statement of purpose in place which accurately described the service which was provided. However, improvements were required in relation to floor plans and fire precautions.

The statement of purpose failed to clearly identify the dimensions of rooms. The document also failed to detail all fire precautions which were applied in the designated centre.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the designated centre had appropriate governance and management arrangements in place.

The provider had carried out the six monthly review and annual review as required by the regulations. Both audits had generated an action plan which the PIC was actively working to resolve.

The PIC was in a full-time role and had ten hours allocated weekly to carry out her role as PIC. The PIC was carrying regular audits of residents' finances and medications. The PIC was also conducting an annual health and safety review of the service. Staff within the centre stated that they felt supported by both the PIC and the organisation.

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:

On the day of inspection, the inspector found that staffing arrangements met the assessed needs of residents. Improvements were required in regards to the staff rota.

The inspector found that staff were up-to-date with training needs. The person in charge maintained a staff rota: however, the rota failed to clearly identify the sleep-in arrangements for the centre and the use of abbreviations.

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:

Ivan Cormican
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-0001765
Date of Inspection:	09 March 2017
Date of response:	06 April 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The provider failed to ensure that residents and their representatives were consulted in managing their finances.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

- All decisions on use of residents' monies will be discussed with family/next of kin and recorded appropriately. Organisation guidance on this is being finalised for all staff
- A briefing for all managers of designated centres is being scheduled to ensure effective communication of the guidance

Proposed Timescale: 05/05/2017

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:

The provider failed to ensure that personal plans were made available to residents in an accessible format.

2. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Individual action plans will be made available in an accessible format to ensure they are meaningful to each resident. This will be done in partnership with Speech and Language Therapy.

Proposed Timescale: 30/04/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The provider failed to ensure that both premises were suitably decorated.

3. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The provider has approved a plan to ensure both premises are suitably decorated

Proposed Timescale: 14/06/2017

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:

The provider failed to ensure that:

Risk management plans clearly detailed the identified risk

All environmental risks had a management plan in place

All identified risks for residents had a management plan in place

4. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- The Provider and PIC will update the Centre Risk Register to include infection control and fire risk.
- The Provider and PIC will update one residents Personal Evacuation plan and Risk Register to specify the difficulty with night time evacuation.
- The Provider and PIC will update Risk register for one resident to include self injurious behaviour and include proactive and reactive strategies in the Risk Management Plan.

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

The provider failed to ensure that appropriate checks of all fire equipment were being conducted.

5. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

- The monitoring of the emergency lighting for weekly checks will be included in the weekly audits of the service.
- The weekly check of the fire extinguisher pins template has been updated, to include a guidance for staff of what to do in the event that a pin is missing.

Proposed Timescale: 13/04/2017

Theme: Effective Services

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

The provider failed to ensure that a centre emergency evacuation plan was in place to guide staff in the evacuation of all residents.

6. 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:

The Provider will update the Centre Emergency Response plan for the centre to include specific guidance on each staff's role, in the event of an emergency evacuation.

Proposed Timescale: 30/04/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The provider failed to ensure that prescription sheets contained the routes of administration for rescue medication as stated in the resident's personal plan.

7. Action Required:

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

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

- This prescription sheet has been reviewed and rewritten by the GP and now reflects the correct route of administration.
- The PRN protocol for same has been updated, reviewed and signed by the GP.

Proposed Timescale: 29/03/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure that the statement of purpose contained all information

set out in Schedule 1 of the regulations.

8. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

All room dimensions have been included in the statement of purpose.

Proposed Timescale: 30/04/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to ensure that the rota accurately described the sleep-in arrangements and the use of abbreviations.

9. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Roster has been updated to accurately reflect the staff on duty and an index is included at the bottom of each page to explain abbreviations used.

Proposed Timescale: 27/03/2017