



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

Issued by the Chief Inspector

Name of designated centre:	Westside Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0001790
Fieldwork ID:	MON-0029657

About the designated centre

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

Westside Residential Services is located on the outskirts of a town in Co. Mayo. The centre has the capacity to support seven individuals. There are two houses in the designated centre, which were located across the road from each other. One house comprised of five bedrooms and the second house accommodated two male residents in an individual apartment type setting. This residential service operates on a full-time basis throughout the year. The service provides accommodation to both male and female residents with ages ranging from 18 years to end of life. All service users have their own single bedrooms which are fully furnished and individually decorated in line with each resident's likes and preferences. The centre benefits from its own mode of transport for access to community outings. The staff team consisted of a person in charge, social care workers and social care assistants. There were sleepover staff available at night in each location to provide support to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 5 October 2021	10:30hrs to 17:45hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the health, wellbeing and social care needs of residents who lived at Westside residential service was promoted, and that care was provided in a person-centred manner. Residents who the inspector met with during the day appeared happy and relaxed in their environment, with staff and with each other.

On arrival to the centre, the inspector was greeted by a resident who chatted about how they were getting on, and mentioned about looking forward to returning to their day services in January. They spoke about interests that they had, and showed the inspector a scarf that they were currently knitting. This resident introduced another resident who was relaxing in the sitting-room, and who appeared happy and content. The inspector also briefly met with two other residents in this location, who did not communicate verbally but acknowledged the inspector in their own terms. Residents appeared to be moving freely around their home and were coming and going throughout the day doing various activities such as going out on the centre transport to a local amenity, going to the hairdressers and going for walks.

The inspector also met two residents who lived in another location across the road, which was also part of the designated centre. One resident had been out for a drive and a walk with support staff earlier in the day, and the inspector met them when they returned. They communicated with the inspector in their own terms and were observed to be comfortable in their home and with staff. One resident was attending a day service during the day, and the inspector got the opportunity to meet them in the evening. They were getting ready to go on a bus outing, and initially did not want to speak with the inspector; however they then offered to show the inspector their home and proudly showed the Halloween decorations that they had put up. They were observed to be comfortable and happy around staff supporting them, and appeared proud of their home.

Westside residential centre comprised one large detached house and a bungalow which was divided into two apartments, which was located across the road. The Paddock was spacious for the four residents who lived there. A fifth resident who was recently admitted to the centre, was not in the centre on the day of inspection as they were currently only using the service at weekends. Each resident had their own bedroom and there were two large communal areas in which to relax, and a large kitchen dining area. The garden was accessible with ramps and handrails from the patio doors and it was observed to be nicely decorated with a swing chair, garden furniture, raised flower beds and potted plants. There was also a small outdoor courtyard area accessible from the hallway which contained a canopy and garden furniture, and which created a nice relaxing space to sit and have visitors also. The house was clean and nicely decorated with photographs and various artwork which one resident was reported to have created.

The two apartments were each occupied by one resident. The apartments were

personalised to suit the needs of residents, and decorated in line with residents' personal preferences.

The inspector reviewed documentation such as care plans, management audits, meeting notes and the annual review of the service. Residents meetings took place regularly, where topics such as: activities, meals, staffing, public health advice and celebrations occurred. These meeting notes demonstrated evidence that residents were consulted about the running of the centre, and were supported to make personal choices about activities and meals.

During the afternoon, one resident who lived in the detached house offered to show the inspector around their home. They showed the inspector the notice board where pictures of staff were located and named each staff member. They spoke about how they had been involved in painting the kitchen this year. When asked who chose the colours of the paint, they said 'everybody'. They also spoke about the possibility of getting some new goldfish, and this was also noted to have been discussed with residents at a recent house meeting. This resident showed the inspector their bedroom, which was beautifully decorated, and contained a television and personal items, including religious ornaments, on display in the room. They spoke about going to a religious amenity during the Summer and said that they like to go to Mass. They also spoke about other activities that they and other residents enjoyed such as; taking part in céilís over ZOOM, listening to music on the computer and going out for dinner. When asked, the resident said they were happy living in the centre and got on well with everybody. They said that while they had no concerns, that if they did, they would go to the person in charge who would help them.

Residents appeared to be relaxed and comfortable in their environment and were observed to be relaxing while listening to music and doing leisure activities such as knitting. Residents interacted with the inspector on their own terms and were observed to be supported by staff with their care needs in a dignified and respectful manner. Staff members who the inspector met with appeared knowledgeable about residents' support needs and personal preferences. In addition, they were observed to be treating residents with dignity and respect, and residents appeared comfortable and happy around staff.

Overall, residents appeared happy and content in their home and with the supports provided. The service was found to promote individual choices and individuality, and staff supporting residents appeared to know them well. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there was a good governance and management systems in place in the centre which ensured that the care delivered to residents was to a good

quality and kept under regular review. However, some improvements were required in areas of staff training, safeguarding procedures and the completion of maintenance work, which would further enhance the quality of care provided.

The person in charge worked full-time and had the experience and qualifications to manage the centre. They were also responsible for another designated centre that was located nearby and they divided their time between the two centres. They were supported in their role by a person participating in management and a team of front-line staff that consisted of a skill mix of social care workers and social care assistants. A planned and actual rota was in place which was reviewed by the inspector, and demonstrated that there was a consistent staff team in place to ensure continuity of care to residents. Staff were provided with support and supervision sessions throughout the year and a schedule was maintained and available for review. Staff with whom the inspector spoke said that they felt well supported in their role and could raise any concerns to the management team at any time.

There was a good governance and management structure in place in the centre which ensured that the care delivered to residents met their needs and was delivered in a person-centred way. The provider ensured that there were good systems in place for effective monitoring and oversight of the centre and regular audits in areas such as; finances, health and safety, medication management occurred. In addition, there were ongoing regular reviews of incidents that occurred where trends were analysed and discussions took place at team meetings so that learning from incidents could be reviewed.

The provider ensured that six monthly unannounced visits and an annual review of the quality and safety of care and support of residents were completed as required by the regulations. The annual review of the service provided for consultation with residents and families and findings from audits identified areas for quality improvement for the centre.

A review of the training records demonstrated that staff received training in areas such as; fire safety, safeguarding, infection prevention and control including use of personal protective equipment (PPE) and hand hygiene. However, not all staff had received training in behaviour management and the inspector was informed that dates were planned for the coming month. In addition, Feeding, Eating, Drinking and Swallowing (FEDS) training was noted as a mitigating control measure for residents who were at risk of FEDS related issues, however not all staff had completed this training. The inspector was informed that the provider's policy was that 70% of staff were to be trained in this area. However, four out of six residents in the centre had FEDS plans and it was noted that FEDS training was identified as a control measure to mitigate against risks posed to residents, therefore staff training in this area was not in line with control measures identified, nor in line with what was included in the centre's Statement of Purpose.

In summary, the management team demonstrated that they had the capacity and capability to effectively run the service and ensured that the quality of safety and care were monitored on an ongoing basis. Improvements in staff training, as

identified, to support residents would enhance the quality of care provided.

Regulation 14: Persons in charge

The person in charge had the experience and qualifications to manage the designated centre. Through observations on the day, it was evident that residents were familiar with the person in charge and that they appeared knowledgeable about each individual residents' needs.

Judgment: Compliant

Regulation 15: Staffing

The skill mix and numbers of staff on the day of inspection appeared to meet the needs of residents. There was a planned and actual roster in place which demonstrated that the centre was staffed with regular staff to ensure continuity of care to residents. Staff files were not reviewed at this time.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were offered a range of mandatory and refresher training as part of their continuous professional development. However, some staff had not received training in behaviour management however, dates were scheduled for October. In addition, FEDS training had been identified as a control measure in residents' risk management plans to mitigate against risks; however not all staff working with residents had received this training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear governance structure, which ensured good oversight and monitoring of the centre. Unannounced provider and local audits were carried out as required, and were kept under regular review. The annual review of the quality and safety of care and support was completed as required by the regulations and

included consultation with residents and their representatives.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Where a new admission had occurred, this resident and their family had the opportunity to visit the service and there was evidence that a plan for a safe and smooth transition was completed. A written contract of care had been agreed between the provider and resident, and contained the relevant requirements under the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications that were required to be submitted to the Chief inspector were completed.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality, safe and person-centred service where rights and choices were respected. Staff members appeared to be knowledgeable about residents' individual needs and were observed to be treating residents with dignity and respect. Some improvements were required with regard to one resident's support plan, carrying out preliminary screenings when concerns were raised, and in the repair of a leak in one of the premises.

Residents were supported to achieve good health outcomes by being facilitated to attend a range of allied healthcare services such as general practitioners, dentists and opticians where this need had been identified. Residents were also supported to understand the public health advice around COVID-19 through regular discussion at residents' meetings and the use of easy-to-read documents and information about vaccines. In addition, residents had access to multidisciplinary supports such as psychiatry, behaviour support therapists and speech and language therapists.

Residents had personal profiles in place which included comprehensive information regarding their personality, likes, dislikes, routines and protocols for supporting

them with their individual needs. The inspector reviewed a sample of resident files and found that assessments of needs were completed and had been recently reviewed. Residents were supported to identify personal goals through annual planning meetings and the sample of files reviewed demonstrated that goals were regularly reviewed and updated with progress notes. Some goals included; displaying artwork at an art exhibition, more community activities and enhancing independence. Residents' annual meetings ensured maximum participation with residents and their family representatives.

One resident was recently admitted to the centre and was availing of part-time residential care. The meeting notes from the transition process was reviewed by the inspector, and demonstrated that the resident and family members were consulted about the new service and that an assessment of needs had been completed to ensure that the service met the resident's needs prior to them moving in. Support plans had been developed for needs that had been identified; however one plan relating to a health concern that had been identified during the admission required improvements to ensure that the plan detailed the exact supports required in that area to ensure that the resident's healthcare needs were supported.

Residents who required supports with behaviours of concern had plans in place, which detailed supports to be provided for specific behaviours. In addition, residents were supported to understand their behaviours and supports required, through the use of social stories. Restrictive practices that were in place were kept under review, and there were clear protocols in place for their use so as to ensure that they were the least restrictive measure for the shortest duration. The inspector found that residents' rights were promoted through regular residents' meetings where discussions about matters relating to the home occurred and residents were supported to make choices about activities and meals. Residents were observed to be engaging in activities of their choosing throughout the day of inspection, and discussion with residents indicated that their choices about their day-to-day lives were respected and listened to.

Safeguarding of residents was promoted through staff training, discussion at staff meetings about safeguarding and through comprehensive intimate and personal care plans, which clearly documented the supports that residents required in this area. However, while residents' safety was promoted and measures were in place to ensure that potential safeguarding interactions between residents were minimised, the inspector found that for one resident where concerns of a safeguarding nature had been notified to the Chief Inspector there was no evidence that the safeguarding procedure was followed with regard to completing a preliminary screening to establish if a formal safeguarding plan was required.

The provider ensured that there were good systems in place for the prevention and control of infection including systems for the prevention and management of risks associated with COVID-19. This included hand hygiene equipment, posters, personal protective equipment (PPE), staff training and discussion with residents about COVID-19. The Health Information and Quality Authority (HIQA) self-assessment tool for preparedness planning in the event of COVID-19 had been completed, and

there was a site-specific outbreak plan in place in the event of an outbreak.

There was a procedure for the identification, assessment and management of risk, and a site specific safety statement was in place. Risk assessments were completed for service and individual residents' risks where risks had been identified, and there was evidence that these were kept under regular review. The person in charge spoke about a risk that they had highlighted that day in relation to a leak in the roof of one of the houses.

There were systems in place for fire safety management; including fire safety audits and regular checks on fire safety systems. Residents had up-to-date personal emergency evacuation plans in place, and regular fire drills occurred to ensure residents could be evacuated safely under minimal staffing levels. The person in charge maintained a fire drill schedule to ensure that all staff were involved in fire drills throughout the year.

In summary, the management team ensured that a quality and safe service was promoted for all residents. Residents who the inspector met with appeared happy and content with the supports provided. Improvements in personal plans, safeguarding and the completion of works identified on the premises would enhance the quality of service provided.

Regulation 17: Premises

There was a leak in the roof of one of the houses which had resulted in the paint peeling on the ceiling and some dampness. This required repair..

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and review of risks. There was service risk register in place and each resident had a personal risk management plan where any identified risks had been assessed and control measures identified. Risks were kept under regular review by the person in charge.

Judgment: Compliant

Regulation 27: Protection against infection

The provider ensured that measures were in place for infection prevention and

control including; staff training, resident and staff symptom checks during COVID-19 and the availability of PPE.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were arrangements in place for the detection, containment and response to fire. The centre emergency evacuation plan was in place and each resident had a personal evacuation plan, which detailed supports required to evacuate. Fire drills were carried out regularly; including drills to ensure all residents could be evacuated safely with the minimum staffing levels.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Annual meetings were carried out with residents to review care and support needs. In addition, family members were consulted in the annual review and transition meetings regarding their family member's care and support. However, one health care concern identified for one resident in relation to fluid intake did not have a support plan in place to guide staff in ensuring that appropriate supports were given. While fluid intake was being recorded, there was no clear guidance detailed about what supports were required and to guide staff in monitoring this.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health by being facilitated to attend a range of allied healthcare professional appointments, where these were required and recommended. In addition, multidisciplinary supports were available as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required supports with behaviours of concern had plans in place which included a multidisciplinary input. A review of restrictive practices in place demonstrated that these were kept under regular review, and assessments were completed to ensure that they were the least restrictive option and proportionate to the risks posed.

Judgment: Compliant

Regulation 8: Protection

Staff had received training in safeguarding, and safeguarding was a regular discussion point at team meetings. There was one active safeguarding plan in place for a resident who was impacted by the behaviour of a peer, and this was found to be under regular review. However, another resident who was noted in a management safeguarding meeting to also have been impacted by their peer's behaviour, and for which two notifications had been received to the Chief Inspector over the last few months, did not have a safeguarding plan in place. Furthermore, there was no evidence that the safeguarding procedure had been followed with regard to the completion of a preliminary screening to establish if there were grounds for concern or not.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were consulted about the running of the centre and about making choices in their day-to-day lives in line with their communication preferences. There were easy-to-read documents available to support residents to understand a range of issues.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Westside Residential Service OSV-0001790

Inspection ID: MON-0029657

Date of inspection: 05/10/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge will nominate all staff team members for training in the areas of Positive Behavioral Support and Modified Diets.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider has arranged for a builder to repair the roof. The repair work will take place in the coming month.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge will ensure that one resident's Individual Plan will be expanded to include a Health Condition Management Plan for Fluid Intake.</p>	

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The Person in Charge will submit a preliminary screening for one resident, and will work with the Designated Officer to ensure future compliance.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/12/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	15/11/2021
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review	Substantially Compliant	Yellow	15/10/2021

	carried out pursuant to paragraph (6).			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	15/10/2021