

# 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:        | Announced                    |
| Date of inspection:        | 29 November 2022             |
| Centre ID:                 | OSV-0001790                  |
| Fieldwork ID:              | MON-0029656                  |

## 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 (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 29<br>November 2022 | 10:00hrs to<br>17:45hrs | Angela McCormack | Lead    |
| Tuesday 29<br>November 2022 | 10:00hrs to<br>17:45hrs | Mary McCann      | Support |

## What residents told us and what inspectors observed

This was an announced inspection that was carried out to monitor compliance with the regulations and as part of the renewal of registration for the centre. There were seven residents living in Westside, with no vacancies. Inspectors found that residents were provided with a comfortable home that met their individual needs.

Westside consisted of a large detached house and two semi-detached houses which were located across the road. The houses were located on the outskirts of a large town and there was transport available for residents to access community activities. The homes were found to be clean, comfortable and spacious for the needs of the residents.

There were six residents in the centre on the day of inspection. One resident was at home with their family as they received residential care from Thursday to Monday each week. On arrival to the centre, inspectors met with the person in charge, staff members and four residents. Residents were getting ready to go to their day services and some residents spoke with inspectors while they were waiting to be collected. Some residents did not communicate verbally, but acknowledged and greeted the inspector in their own way. One resident showed inspectors around the house and appeared happy to show their bedroom, which was nicely decorated and personalised. One resident was observed requesting a snack and was supported to get this. Residents appeared comfortable in the house, with staff and with each other.

Inspectors got the opportunity to meet and speak briefly with all residents again on their return later that evening. Inspectors also met with two residents who lived alone in their own homes across the road from the main house. One of these residents attended a day service each day, and one resident was supported to do activities from their home each day.

A review of documentation and discussions with staff and residents, demonstrated that residents enjoyed a variety of activities in their community. These included; going for walks, going on day trips, having meals out, going to the pub, going dancing, going shopping, bowling, and going to a local leisure centre. Some residents spoken with talked about what they liked to do, such as, going to the local pub, going on day trips and some residents enjoyed going dancing to a local ceili each week. One resident expressed how they enjoyed this this by singing a few lines of a song that they sing at the ceili.

Residents had opportunities for recreation and leisure in their homes also. There were televisions, music players and arts and crafts supplies available, One resident had created some art work which was displayed throughout the house, and another resident enjoyed knitting. Some residents enjoyed baking and were observed baking with staff during the inspection.

The homes were found to be clean and spacious, and were nicely decorated with soft furnishings, artwork and photographs which created a warm and homely atmosphere. Bedrooms were found to be personalised and comfortable. There were outdoor spaces also for residents to sit outside and relax if they chose to. One resident was recently supported to buy a swing chair for their garden.

Questionnaires were completed with residents as part of the announced inspection. A review of these demonstrated that in general residents were satisfied with their home, food, staff, how their rights were respected, complaints and about their choice of activities. One resident reported that they would like a bigger garden. There were a range of easy-to-read documents available to residents to support their understanding of various topics, some of which were located on the notice board in the house. There was a picture roster located in the kitchen. Residents' meetings were held regularly, which included consultation about staffing, activities, meals and discussions about topics such as complaints, safeguarding and COVID-19.

Overall, residents were observed to be comfortable and content in their homes and staff were observed to be treating residents with dignity and respect.

The following sections of the report outline the management arrangements and about how this impacts on the quality and safety of care.

## Capacity and capability

Overall, inspectors found that residents were provided with person-centred care, and had safe and comfortable homes. However, some improvements were required to ensure full regulatory compliance. These related to aspects of fire safety, maintenance of premises and staff training.

The local governance structure consisted of a person in charge, who had responsibility for one other designated centre. They divided their time between the two centres. They were very familiar with the residents and their needs. The person in charge was supported by regional services manager (RSM), who inspectors spoke with on the phone on the day.

The staff team consisted of a skill mix of social care workers and social care assistants. One social care worker was rostered on each day in addition to social care assistants staff. There was a sleepover staff who covered the two individual homes, and a waking staff and sleepover staff in the main house each night. Waking night staff had recently been introduced in response to changing needs of residents and staff spoken with described about how this was a positive change. A review of the roster indicated that in general there was a consistent staff team in place to support residents. There was a planned and actual roster in place which was well maintained and clear as to who was working each day.

The person in charge had in place a training needs analysis (TNA) for the centre,

which was reviewed by inspectors. Staff were provided with training in behaviour management, fire safety, manual handling, and some infection prevention and control (IPC) training modules as part of their continuous professional development. However, there was inconsistent information with regard to what the provider had deemed as mandatory training in relation to IPC. In addition, the TNA referenced 'protection and welfare' training, as mandatory, however it was unclear what training this referred to. This inconsistent information made it difficult to establish if all staff had completed mandatory training, as required. On review of this the person in charge confirmed that the information was unclear and they sought clarification; however this was not clarified by the end of inspection. This required review to ensure that all staff had the required training in line with the provider's policies and national guidance for IPC training for care staff.

The person in charge carried out supervision meetings with staff members, and a sample of records were reviewed. Staff spoken with said that they felt well supported in their role, and that they could raise any issue of concern to the management team, if required. Team meetings were occurring regularly which covered a varied range of agenda items, including review of incidents that occurred, safeguarding arrangements and findings from audits.

Audits were occurring in the centre as part of the person in charge and provider's monitoring arrangements. The person in charge had an annual schedule for a range of local audits to be completed in the centre. This included audits in health and safety, finances, personal plans, restrictive practices and fire safety.

The provider had ensured that unannounced six monthly audits and an annual review of the quality and safety of care in the centre were completed in line with regulations. These reports were found to be comprehensive, and the annual review included consultation with residents and their family representatives.

However, some improvements were required in the oversight and monitoring of some arrangements in the centre. For example, on review of a resident's file, there was correspondence with information about their tenancy, which when asked, the person in charge was unsure as to what the exact arrangement was for the tenancy agreement. This required review to ensure that the service is effectively and consistently monitored and that systems to ensure residents' safety are in place.

The procedure for managing complaints was reviewed and found to be clear as to the process and about what the appeals process was. Residents were supported to understand about making complaints with use of an easy-to-read document and discussion at residents' meetings. There was evidence that one complaint by a family member had been followed up and resolved to their satisfaction.

In general, the centre was found to be managed in a manner that promoted the provision of safe care and support. However, some improvements were required to ensure full compliance with the regulations.

## Regulation 15: Staffing

A review of the roster indicated that there were appropriate numbers and skill mix of staff to meet the needs of residents. Waking night staff had recently been implemented in response to changing needs of residents. A staff roster was in place, and was found to be well maintained and accurate as to who was working on the day of inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

There was inconsistent information recorded in relation to the mandatory training programmes and names of some training that staff were required to have; therefore it could not be verified that all staff had the mandatory training. This related to training modules in infection prevention and control (IPC) and 'protection and welfare'.

Judgment: Substantially compliant

## Regulation 23: Governance and management

While in general, there were good arrangements in the centre for auditing and monitoring, some improvements were required in relation to the oversight and monitoring of resident's tenancy agreements to ensure that the person in charge had all relevant information so as to ensure a complete understanding of all of the details of the service provided to residents.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The statement of purpose and function had been updated and included the requirements under Schedule 1 of the regulations. However, there was incorrect information included regarding the conditions of registration and this required review and updating.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A review of incidents that occurred in the centre found that notifications that were required to be submitted to the Chief Inspector of Social Services, had been completed.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which included information about an appeals process. Residents were supported to understand about making complaints and there was an easy-to-read procedure accessible to them to further aid understanding.

Judgment: Compliant

## Quality and safety

Overall, this inspection found that residents living in Westside were provided with person-centred care and support. Residents spoken with were happy living in the centre and they were supported to engage in activities of choice. Some improvements were required in premises and in aspects of fire safety. Improvements in these areas would further enhance the good quality of care and support provided.

Westside was found to be spacious, clean and homely. Each resident had their own bedrooms which were colourful, clean and personalised to their individual tastes. Two residents lived alone in their own homes with staff support, and these homes were laid out and designed to meet their individual needs. There was ample space for storage throughout the homes. Some work in upgrading the flooring in one house had recently been completed. There was level access area surrounding the homes, with ramps and handrails available from the exit doors. Garden areas contained garden furniture, potted shrubs, raised planters and swing chairs. However, in the detached house, some kitchen cupboards were found to require repair as some door hinges were loose. This had been identified in a recent audit and required completion.

Inspectors reviewed a sample of residents' care and support plans. It was found that residents had assessment of needs completed to assess their personal, health and

social care needs. Care and support plans were developed and in place to guide staff in supporting residents with various needs, including a range of health related needs.

Residents had annual review meetings, which included attendance by residents and family representatives. There were regular reviews occurring with regard to a recent admission to the centre to ensure that the centre continued to meet all of the resident's needs. This included consultation with the relevant multidisciplinary team (MDT) members and family representatives.

Residents who required supports with behaviours of concern had plans in place which included proactive and reactive strategies. There were some restrictive practices in place for some residents and these had been assessed and included multidisciplinary input, where relevant. The person in charge kept these under review to ensure that they were the least restrictive option and they spoke about how one environmental restriction had been reduced following a review of risks.

The provider had in place policies and procedures for safeguarding and for the provision of personal and intimate care, which promoted the protection of residents. Protection was also promoted through staff training in safeguarding, regular reviews of incidents and discussion at team meetings about safeguarding. Where concerns arose there was evidence that these were followed up in line with the safeguarding procedures. Safeguarding plans had been implemented, where required. Residents had personal and intimate care plans which were comprehensive and detailed the supports required in this area.

Staff spoken with described how residents were supported to make choices in their day-to-day lives. The person in charge spoke about 'human rights' training, and about how they planned to include this for staff. Inspectors were informed that one resident was offered the opportunity to retire from attending their day service, but they had that they chose to continue to attend this service each day. The resident described about how they enjoyed going to the day service as they got to meet their friends while there. Inspectors were also informed about how one resident was supported to make choices about their health care and about how they were supported with getting information about this to help make choices.

Regular residents' meetings occurred, and included consultation with residents about matters of the centre including staffing arrangements. These meetings also provided a forum for residents to make choices about meals and activities each week. Where residents required support with making choices about how to spend their personal money, they were supported by a family member. The person in charge stated that residents would be supported to access independent advocacy services, if required. Access to independent advocacy would further enhance the rights of residents in decisions about their financial affairs.

Fire safety arrangements were reviewed. The provider ensured that there were arrangements for the detection, containment and extinguishing of fires. Regular fire drills occurred and staff spoken demonstrated knowledge about how to support residents to evacuate to a safe location. However, the recording of some fire drills

required improvements to ensure that they included sufficient information so that learning could be taken. In addition, fire drills under a variety of scenarios, including maximum residents and minimum staffing, was required to ensure that all residents could be safely evacuated at all times.

Overall, the inspector found that residents were provided with a safe and comfortable home that met their needs. Improvements in fire safety and in the upkeep of some kitchen cupboards would further enhance the quality of service.

### Regulation 17: Premises

In general, the premises were well maintained, clean and tidy. However, in one house the kitchen cupboards required review as there were loose hinges and some wear and tear which made it difficult to close some doors.

Judgment: Substantially compliant

### Regulation 20: Information for residents

There was a resident's guide in place for residents which contained information as required under the regulations.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire drills required some improvements to ensure that drills were completed under all scenarios, and that sufficient details were recorded so that learning could be taken from them.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Assessments of needs were completed to assess residents' health, personal and social care needs. These were found to be kept under review, and care plans updated if any changes occurred. Annual review meetings were held with residents

and their representatives, where care and support were reviewed.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents who required supports with behaviours of concern had support plans in place, which were kept under review. The person in charge reviewed any restrictive practices to ensure that they were the least restrictive option for the shortest duration.

Judgment: Compliant

### Regulation 8: Protection

There were policies and procedures in place for the protection of residents. Where concerns of a safeguarding nature were raised, these were responded to in line with the procedures.

Judgment: Compliant

### Regulation 9: Residents' rights

While most staff had not completed training human rights, the person in charge spoke about this occurring in the future. Regular residents' meetings occurred which included consultation about the house, and where residents could make choices about meals and activities. Residents were supported to make choices about their lives and had the support of family representatives where required. The person in charge said that residents could access independent advocacy services, where the need was identified and information was available for residents in the resident's guide and complaints procedure.

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 (as amended) and the regulations considered on this inspection were:

| Regulation Title                                      | Judgment                |
|---|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 15: Staffing                               | Compliant               |
| Regulation 16: Training and staff development         | Substantially compliant |
| Regulation 23: Governance and management              | Substantially compliant |
| Regulation 3: Statement of purpose                    | Substantially compliant |
| Regulation 31: Notification of incidents              | Compliant               |
| Regulation 34: Complaints procedure                   | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 17: Premises                               | Substantially compliant |
| Regulation 20: Information for residents              | Compliant               |
| Regulation 28: Fire precautions                       | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant               |
| Regulation 7: Positive behavioural support            | Compliant               |
| Regulation 8: Protection                              | Compliant               |
| Regulation 9: Residents' rights                       | Compliant               |

# Compliance Plan for Westside Residential Service OSV-0001790

Inspection ID: MON-0029656

Date of inspection: 29/11/2022

## 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 ensure that the Training Needs Analysis states the specific name of the training completed rather than a generalized name, and that the Training Needs Analysis reflects the same I.P.C (Infection Prevention Control) modules undertaken within the service.</p> <p>The Person in Charge will work with the training department to clarify the I.P.C Training required for staff.</p> |                         |
| Regulation 23: Governance and management   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Each resident will be provided with additional information as part of their Individualised Service Agreement, relating to their rights as a tenant under the Residential Tenancy's Act</p>  |                         |

|  |                         |
|--|-------------------------|
| Regulation 3: Statement of purpose   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:<br/> The Appendix of the Statement of Purpose will be updated.</p>   |                         |
| Regulation 17: Premises  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:<br/> The Person In Charge will work with the maintenance team to ensure all kitchen fittings are in working order.</p>  |                         |
| Regulation 28: Fire precautions  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br/> The Person in Charge will work with the staff team to carry out simulated fire drills for 'worst case scenarios' and additional information will be captured in fire drill recording sheets.</p> |                         |

## Section 2:

### Regulations to be complied with

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

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

| Regulation          | Regulatory requirement  | Judgment                | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|-------------|--------------------------|
| Regulation 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      | 01/02/2023               |
| 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      | 01/12/2022               |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is                                   | Substantially Compliant | Yellow      | 01/02/2023               |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | safe, appropriate to residents' needs, consistent and effectively monitored.   |                         |        |            |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Substantially Compliant | Yellow | 05/12/2022 |
| Regulation 03(1)    | The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.  | Substantially Compliant | Yellow | 13/01/2023 |