



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	29 October 2024
Centre ID:	OSV-0001790
Fieldwork ID:	MON-0043744

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 three houses in the designated centre, all located in the same area. One house comprised of five bedrooms and the two other houses accommodated two 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 residents have their own single bedrooms which are fully furnished and individually decorated in line with each residents' 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 and one waking night staff available at night to provide support to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 October 2024	14:50hrs to 18:30hrs	Angela McCormack	Lead
Wednesday 30 October 2024	09:05hrs to 14:10hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, Westside residential service was found to provide person-centred care, where residents' individuality and choices about how they lived their lives were respected.

This was an unannounced inspection carried out to monitor compliance with the regulations. The inspection was carried out over two half days. This enabled the inspector to spend as much time with residents as possible so as to establish their lived experiences. Residents generally attended a day service each weekday; however on the dates of inspection, day services were closed due to midterm break and residents were busy doing activities from their home. The inspector spent time with residents on the first evening, observing practices and chatting with residents individually where they were happy to do so.

The centre comprised a large two-storey house and two semi-detached single storey houses that were located across the road from the main house. The main house could accommodate up to five people. There were four residents receiving care in the main house at the time of inspection. Across the road, there were two semidetached bungalows, where one resident lived alone in each house, supported by staff. All six residents were met with during the inspection. One resident made tea for the inspector and spent time chatting about their interests.

Residents met with spoke about activities that they enjoyed. These included going bowling, going on holidays, going on day trips, getting beauty treatments and going to hair salons/barbers. The centre had one vehicle available to them. In general this was reported to work well to support residents in accessing planned activities. The houses were located within walking distance of a large town. Some residents enjoyed going for walks around the town and their local community. One resident was awaiting the delivery of a mobility aid that would further open up opportunities for accessing community based activities, without having to rely on the centre's transport.

Within the houses residents had access to leisure activities and hobbies that were of interest to them. These included; access to magazines, televisions, music players, radios, knitting, arts and crafts, board games and items of specialised interests to individual residents. Residents proudly showed the inspector particular interests and collectibles that they had. It was clear that residents were listened to and supported to in terms of their unique interests and hobbies. One resident was awaiting internet connection in their home, which would enable them to watch programmes of interest to them.

Residents were actively involved in their local communities. Some residents spoke about going to the pub for a drink. Others spoke about going to 'ceilis' each week where they enjoyed dancing and singing. In addition, residents were supported to keep in contact with family and friends. Some residents enjoyed going for visits to

family members. Visitors were welcome to the homes. On the day of inspection, one resident's family member called to visit. Another resident received a therapist to their home to do a head massage on the first evening of the inspection. The inspector was informed that one resident was supported to maintain a friendship with someone from their previous home. This person was a regular visitor to the centre and appeared to be a good advocate for the resident also. It was clear that residents enjoyed a wide range of activities that suited their individual interests and that they were supported to maintain and develop relationships with family and friends.

Two residents showed the inspector around their individual homes. The homes were decorated in line with residents' preferences. For example; areas where residents preferred to sit in various rooms were decorated and equipped with their particular interests. One room also displayed a number of framed paintings that a resident had created. The communal areas in the main house included a fish aquarium, sensory lighting, and various plants and soft lighting. This created a relaxing and homely atmosphere. In addition, photographs of residents enjoying activities with their families and friends were on display throughout the house. One resident proudly showed their garden shed and the various equipment that they owned and liked to use. It was clear that residents lived self-directed lives and were given opportunities to increase their autonomy and independence.

The homes were warm, clean and well maintained in general. There were some signs of wear and tear in parts of the centre, particularly in one house due to scratches from wheelchair use, but this did not pose any risk to residents. The management team were aware of this and had plans to address these. The homes were well equipped with comfortable furniture and furnishings. The garden areas were accessible and equipped with garden furniture, swing chairs, potted plants and bird feeders. One resident recently got their bathroom done up. They showed the inspector this and said they were happy with it. Another resident recently got a new recliner armchair, which they were observed relaxing in during the inspection. Residents appeared comfortable and relaxed in their environment and were seen to move freely around their homes. Improvements were required however, in the recording of residents' personal purchases to ensure that their property was fully protected.

Through discussions with residents and staff it was evident that the service promoted a human rights' based approach to care. Staff completed 'human rights' training. Staff members spoke about how residents were supported to make choices in their everyday lives. For example; residents were supported to practice their faith and spirituality. One resident chose to visit a family member's graves which they were facilitated to do on the morning of inspection. On the first day of inspection, some residents visited a religious location (Knock) and had their dinner out while there. One resident said the food was nice in the centre and that they enjoyed having 'bacon and cabbage' when they ate out. Residents were seen helping themselves to snacks and beverages throughout the inspection.

Residents were consulted on an ongoing basis about their care and support. Residents spoke to the inspector about the choices they made in their lives. They

also spoke about their healthcare and about how they managed their finances. One resident spoken with said that they were happy with the arrangements for their healthcare and with the arrangements for managing their money. Another resident spoke about community work that they do. They proudly told the inspector about how the group that they were part of, won awards for their community work and received a presentation in Dublin last year. They showed photographs of this achievement. There were easy-to-read documents and notices in display in the homes, including pictures of staff on duty and the person in charge. This supported residents to access information about the centre. However, when asked, one resident said they were not aware of the outcome of the last inspection by the Health Information and Quality Authority (HIQA) and they said that they did not hear about the report.

The inspector observed warm and caring interactions between staff and residents. Staff members appeared knowledgeable about residents' needs. Staff were seen responding to residents' communications in a respectful and caring manner. Residents were provided with staff support in line with their assessed needs. Residents appeared very comfortable and at ease around staff. Observations were that residents were listened to, treated equally and staff members respected residents' choices.

Overall, the centre was found to provide person-centred care that promoted and respected residents' individuality and autonomy.

Capacity and capability

There were good systems in place in Westside residential service for monitoring the care and support provided to residents. In general, issues affecting residents were identified and responded to in a timely manner. This promoted residents' safety and overall wellbeing. However, some areas required improvements to fully comply with the regulations. These included; personal possessions, risk management and in ensuring that all actions identified to support residents were addressed in a timely manner. In addition, one regulation was found not compliant. This related to staff training and development. This will be elaborated on under this regulation.

The centre was managed by a person in charge who had responsibility for one other designated centre located nearby. They were supported by an area manager, who was a named person participating in management (PPIM) for the centre. The PPIM and staff members working on the day of inspection facilitated the inspection as the person in charge was on leave at this time.

There were good systems in place for monitoring the centre. These included audits by the local management team and by the provider. These audits were generally effective in identifying areas for improvement. However, some actions identified were not completed in a timely manner.

The staff skill mix consisted of social care workers and social care assistants. There appeared to be enough staff on duty to meet the current needs of residents. Residents' needs were changing, therefore ongoing review of staff numbers and skills were needed to ensure these changes in needs were met. The provider was aware of this and had implemented the required staff resource while waiting the outcome of a business case they had completed for additional resources for a change in need for one resident.

Staff met with appeared knowledgeable and skilled. However, a review of the training records found that not all staff had been offered the required training to meet the assessed needs of residents. Staff spoken with felt well supported. A review of team meetings demonstrated that staff could raise points of concern.

The provider had a range of policies and procedures to guide staff in ensuring that a safe, respectful and rights' based service was provided to all residents. However, there were gaps in the documentation relating to residents' personal property and supports for decision-making which was caused by insufficient guidance provided within the provider's procedure. This meant that there were inconsistent practices and documentation that did not fully promote the protection of residents' personal purchases and property.

In summary, the centre was found to be well managed. Practices and systems in place promoted a person-centred, safe service where residents were listened to and treated with respect. Improvements as noted above would further enhance the safety and quality of care provided.

Regulation 16: Training and staff development

The provider recently implemented a new online system for documenting staff training and for facilitating requests for training modules. The following was found in relation to training;

- The training needs analysis (TNA) of the centre required updating to reflect the training needs that staff members required in order to effectively support residents with their assessed needs.
- Four staff members required refresher training in behaviour management.
- Four staff members required refresher training in minimal handling. Furthermore it was not clear from the records available for review if one staff had ever received this training.
- Five staff members required training in medication.
- There were gaps in the records maintained. For example; one staff member's training records were not available for review on the online system used by the management team.

Judgment: Not compliant

Regulation 23: Governance and management

There were good arrangements in place for the management of the centre. These included systems, such as regular audits, which reviewed and monitored the care and support provided in the centre. Residents' needs were also kept under ongoing review through reviews of daily records and through regular review meetings as required. The centre appeared to be effectively resourced to meet the current needs of residents. A business case had recently been submitted to the funder for additional resources to respond to the changing need of one resident.

The provider ensured that an annual review of the quality and safety of care provided in the service occurred. This review included consultation with residents and their representatives, as relevant. In addition, unannounced visits by the provider were completed every six months as required in the regulations.

Staff were supported through training and supervision meetings with their line manager. In addition, staff had opportunities to raise any concerns that they have about the quality and safety of care and support in the service through regular team meetings.

However, the following areas for improvement were found;

- Actions arising from team meetings were not developed in a specific, measurable, achievable, realistic and timebound (SMART) manner. This meant that some actions agreed were not completed. For example; an action agreed at a team meeting in July 2024 to get internet connection for one resident was still not completed at the time of inspection.
- The behaviour support plan for one resident required updating, as it had not been updated since January 2022. This was in progress but required completion.
- Staff training and the maintenance of training records required improvements to ensure that all staff members received the required training to support residents with their needs.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Three residents' individual service agreements were reviewed. These agreements outlined the contracts for the provision of services between the provider and resident. These written contracts included information as required in the regulations, including the fees to be charged. Residents and/or their family representatives and a provider representative signed and agreed these agreements.

Judgment: Compliant

Regulation 30: Volunteers

The provider had an up-to-date policy and procedure in place for volunteers. Volunteers had been used in this centre in the past. However, at the time of inspection there were no active volunteers. The provider's procedures for volunteers outlined the arrangements to provide training, induction and ongoing support to volunteers and to ensure that their roles were clearly outlined.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre found that the person in charge had submitted all the required notifications to the Chief Inspector of Social Services as required under the regulations.

Judgment: Compliant

Quality and safety

This inspection found that residents living in Westside residential service were provided with person-centred care and support. It was clear from discussions with residents that their individual choices about how they lived their lives were respected. Some areas for improvements were required which would further enhance residents' wellbeing, safety and protection.

The centre had good systems in place for reviewing and monitoring residents' needs. This included monthly reviews of residents' daily notes so that changes in presentation affecting residents' wellbeing could be effectively monitored. Ongoing monitoring of residents' health also occurred with meetings held recently for two residents to review the supports required due to changing needs.

Residents had care plans in place where this need was identified. This included communication profiles, epilepsy care plans and behaviour support plans. One resident's behaviour support plan required updating. The inspector was informed that this was in progress, as possible physical causes of behaviours were being explored currently.

Residents' homes were designed and laid out to meet their needs. There were aids and appliances available, as required. There were good arrangements for fire safety and risk management. In addition, there were good systems for reviewing incidents and learning from them. For example; a trend identified in falls and in medication errors resulted in actions taken to minimise the risks of these recurring. A risk register was in place for centre related risks. However, some risk assessments required review to ensure that they were specific to the centre and risk rated in line with the provider's risk matrix.

Practices in place in the centre helped to promote and monitor residents' safety and protection. This included the use of body maps for bruising, team discussions about safeguarding and incidents, and staff training. This centre had a number of safeguarding concerns since the last inspection by HIQA in November 2022. A provider assurance report to seek assurances on safeguarding measures was sought by the inspector and received in November 2023. Assurances were provided in this report, that safeguarding procedures were followed and a safeguarding plan was implemented.

However, the protection of residents' personal property required improvements to ensure that all residents' valuables and personal items purchased were clearly recorded.

Overall, the centre provided, good quality, safe and effective care. Improvements in the recording of residents' personal property and documentation associated with risks, would further enhance the quality of service provided.

Regulation 10: Communication

The service had a communication policy that promoted a 'total communication' approach. Residents communicated through a variety of means, such as verbal communication and the use of Lámh signs. Residents who required supports with communication had individual communication profiles and support plans in place. Staff were observed communicating with residents in line with their preferred communication methods. Residents had access to radios, music players, televisions, magazines, mobile phones and technological devices in line with their needs and wishes.

However, the following was found:

- One resident required internet connection in their home. This was discussed and agreed at a team meeting in July 2024. This had not yet been completed.

Judgment: Substantially compliant

Regulation 11: Visits

The provider had a policy and procedure in place for visitors. Visitors were welcome to the houses. Through discussions with residents and observations on the days of inspection, it was clear that residents received visitors to their homes and that they enjoyed this. Throughout the inspection, visitors were seen to call to the centre including a therapist (head masseuse) and a family member. Residents had space to entertain visitors in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had a policy and procedure in place for supporting residents with money management. Within the centre, systems were in place to support residents with the management of their finances. One resident spoken with said that they were happy with the arrangements in place for supporting them. Residents had bank accounts in their own names.

However, the policy relating to supporting residents with their finances and personal property did not provide clear instructions about how residents were to be supported with purchasing items of high expense. Nor did it include clear information on what items of value should be recorded in residents' inventories of personal property. This meant that there were gaps in records maintained. Furthermore, it was not clear that residents were supported to understand decisions affecting their finances. From a review of three residents' financial records the following areas for improvement were found:

- There were gaps in the records maintained for residents' personal property. For example, the last entry on one resident's personal property register said that their last purchase of personal property was in 2016; however from records reviewed it was found that the resident purchased a television in recent months.
- It was not clear from documents reviewed, such as the provider's policy and procedures and individual resident's service agreements about what the arrangements were to support residents in making choices about spending their finances, particularly for purchases of high value.
- It was not clear that residents were sufficiently supported in making decisions about purchasing high cost items. For example; one resident purchased a recliner chair costing 1000 EUR. While this was discussed at a review meeting in March 2022, it was not clear that they were given the information in a manner that met their individual communication needs about the cost of this furniture, which they subsequently purchased in February 2023.

- One resident's financial assessment required updating. This was discussed a team meeting in March 2024 and was not yet completed.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported to take part, and get involved, in a wide variety of leisure and recreational interests in line with their interests and developmental needs. For example one resident who enjoyed being active, was supported to climb 'Croagh Patrick' mountain and to go on regular hikes. Another resident who chose to not attend their day service as they preferred a slower pace of life was supported with this.

Some residents attended a local day services while other residents were supported to do activities from their home. In addition, residents enjoyed bowling, cinema, beauty treatments, massages, going on day trips to various locations, going on overnights stays, going to the local pubs and having meals out. One resident spoke about an overnight hotel stay they enjoyed in another county. They spoke of the activities that they enjoyed while visiting this location. Other activities enjoyed by residents included: gardening, baking, knitting and art. In addition, residents were supported to develop and pursue their individual hobbies and interests.

Links with family members and the wider community were promoted and encouraged. For example; one resident was involved in community work and received an award for this the last two years.

Judgment: Compliant

Regulation 17: Premises

The premises were designed and laid out to meet the needs of residents. The homes were clean, homely, spacious and well maintained. There were suitable facilities for completing laundry and for preparing and cooking meals.

Residents had their own bedrooms which were personalised in line with their preferences. Residents had space for the storage of personal possessions. There were ample communal rooms for residents to relax in individually and to receive visitors. Outside, the garden space and grounds were spacious, well maintained and accessible.

Residents had aids and appliances as required in line with their assessed needs. In addition, adaptations were made to the environment to support residents with their individual needs.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a policy and procedure in place for risk management. The centre had a safety statement developed which provided guidance to staff about managing a range of safety risks and issues. There were emergency plans in place for adverse events. Risks that had been identified were assessed and documented. This included centre related risks that were recorded on a centre 'risk register', and individual resident related risks, which were incorporated into a document called 'personal risk management plan' (PRMP).

The following area required improvement;

- Some risks assessed did not reflect the actual likelihood of the risk occurring or the severity of the harm as a result of the risk. For example; risks for epilepsy, behaviours of concern and FEDS required review to ensure that they accurately described the risk and reflected the actual risk rating based on the incidents that occurred.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were arrangements in place for fire safety and for the ongoing monitoring of fire safety arrangements in the homes. These included; fire containment measures, fire fighting equipment, fire alert system, fire safety checklists and evacuation plans.

Fire safety measures were kept under review through regular checks and audits. Each resident had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on the arrangements required to ensure an evacuation from their home to a place of safety.

Fire drills took place regularly. A simulated fire drill took place recently which ensured that all staff were aware of what to do at night time in the event of a fire. Fire drills demonstrated that residents could be evacuated to safe locations in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment of residents' staffing needs were completed. In addition, care and support plans were in place for any identified need relating to health and wellbeing , personal and social care needs. Residents and their family representatives were involved in annual reviews of residents' individual care and support needs through review meetings and 'circle of support' meetings.

Residents were supported to identify personal goals for the future. These were kept under ongoing review to ensure that they were progressed and effective. Personal plans were reviewed and updated as changes occurred.

Judgment: Compliant

Regulation 6: Health care

Residents' health and wellbeing were promoted in this centre. There were good arrangements in place for monitoring residents' health for any changes or additional needs. Some resident had complex healthcare needs. These were found to be well monitored. Furthermore residents were supported to access public health services and to seek private consultants, in line with their choices. This included access to vaccines and national screening programmes also. Residents with healthcare needs had comprehensive support plans in place to provided guidance to staff in how to support and monitor healthcare. Within residents' individual files, there was accessible information on related healthcare needs and interventions.

Residents had access to healthcare professionals and multidisciplinary team (MDT) supports as required. For example; one resident was supported to access allied healthcare professionals due to a trend in falls recently. In addition, the provider ensured that the resident had timely access to physiotherapy services.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and for restrictive practices. Staff received training in behaviour management. Staff spoken with were

found to be knowledgeable about the specific supports that residents required with behaviour management and stress reduction.

In general behaviour support plans were developed as required with input from MDT. One behaviour support plan required updating. The inspector was informed that this was in progress and would be completed once possible physical causes of behaviours were ruled out. This did not appear to affect the resident's care as staff spoken with appeared knowledgeable about how to support the resident with behaviours of concern. It was also evident that every effort was made to establish the causes of behaviours, with medical investigations occurring to support with possible physical causes of distress.

Restrictive practices in use in the centre had been assessed. These were kept under ongoing review by the local management team. Furthermore, it was evident that discussions and reviews on their use were occurring to ensure that they were the least restrictive option for the shortest duration. In addition, the provider's rights review committee were reported to have visited the centre the previous year, where they reviewed restrictions affecting residents' lives.

Judgment: Compliant

Regulation 8: Protection

Residents' protection was promoted through ongoing reviews of incidents, and discussions about safeguarding at team meetings. In addition, there were policies and procedures in place for safeguarding vulnerable adults and for the provision of personal care. These documents provided guidance to staff about how to promote residents' safety and protection. Residents had personal and intimate care plans in place which outlined clear guidance to staff on where supports were required and about how to give those supports.

The service notified the Chief Inspector of ten safeguarding concerns over two years since the last inspection by HIQA on 29/11/2022. Six of these concerns related to a behaviour displayed by one resident that may impact on others who were witness to this. A provider assurance report was requested by the inspector in November 2023, due to a trend in these incidents. Assurances were provided that measures were in place to minimise these safeguarding risks. These included staff supervision, MDT input for behaviour support and ongoing support provided to residents to educate them in ways to self-protect. On this inspection, staff spoken with were knowledgeable about the safeguarding measures to support residents with possible risks. In addition, the designated officer for safeguarding was supporting affected residents to learn to self-protect through regular meetings. While the risk of this recurring was reduced with the safeguarding measures, there was a possibility that this could recur. However, with the measures in place, there was no incident reported since July 2024.

One resident who had been affected by this safeguarding risk previously was spoken with by the inspector. They said that they were happy living in the centre and felt safe. They were observed interacting in a friendly and familiar way with their housemates.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights-based service. Residents were treated respectfully by their support staff. This was observed in practice and through the way in which staff spoke about residents and their life choices. There appeared to be the numbers of staff in place to support residents to do activities that were meaningful to them. Through discussions with residents and documentation reviewed, it was evident that residents were consulted about their day-to-day lives and that their choices were respected. For example, residents were supported to develop and expand on their individual hobbies and interests in particular areas. Residents were also supported to practice their faith in whatever ways that were meaningful to them on a personal level.

Residents were provided with information on rights and advocacy services in an easy-to-read format. There were easy-to-read documents on various topics to support residents' understanding of issues such as safeguarding and making decisions.

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
Capacity and capability	
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	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-0043744

Date of inspection: 30/10/2024

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	Not 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 liaise with the training Department to ensure clear documentation of the training record of all staff working in the Designated Centre. 01/01/2025</p> <p>The Person in Charge is conducting a review of the current Training Needs Analysis to ensure it includes all members of the staff team, that it is up to date and relevant in identifying the current and emerging needs of the service. 01/01/2025</p> <p>Staff are scheduled to attend training events throughout the year on a cyclical basis to include Medication Training, Managing Challenging Behaviors, Minimal Handling Training. All staff will have completed their mandatory training by the end of Quarter 1 2025.</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>The Person In Charge will ensure that all actions from staff team meetings are S.M.A.R.T., this is included on the Meeting Agenda Template as standard to ensure that when tracking action the progress made is clear 6/11/2024.</p> <p>The Behaviour Support Specialist has completed a review of the individual Behaviour Support Guidance which will be finalised on 12/12/2024.</p>	
<p>Regulation 10</p> <p>The Person In Charge has been working with the I.T. Department to set up an internet</p>	

connection in one of the houses in the Designated Centre. Internet will be installed in the property by 06/01/2025

Regulation 16

The Person in Charge will liaise with the training Department to ensure clear documentation of the training record of all staff working in the Designated Centre.

01/01/2025

The Person in Charge is conducting a review of the current Training Needs Analysis to ensure it includes all members of the staff team, that it is up to date and relevant in identifying the current and emerging needs of the service. 01/01/2025

Staff are scheduled to attend training events throughout the year on a cyclical basis to include Medication Training, Managing Challenging Behaviors, Minimal Handling Training. All staff will have completed their mandatory training by the end of Quarter 1 2025.

Regulation 10: Communication

Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:

The Person In Charge has been working with the I.T. Department to set up an internet connection in one of the houses in the Designated Centre. Internet will be installed in the property by 06/01/2025

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The Person in Charge will review all Individual Service Agreements and Financial Self-Assessment Documents for people living in the Designated Centre.

Within this documentation each individual's communication needs will be taken into consideration to ensure they are involved in decisions around purchasing.

These documents combined outline how resident's money is managed and decisions around spending and purchasing is made. Each Individual Service Agreement will outline the procedure in relation to making purchases. 12/12/2024

Each Individual's Property Register will be updated and reviewed by the Person In Charge to ensure all items of €100 or more belonging to an Individual are recorded and of log maintained. 12/12/2024

The Provider will review the Policy for Service Users Monie's to clarify guidance for making large purchases to bring Policies into line with recent changes in the Assisted Decision and Capacity Act. 30/06/2025

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The Person In Charge will review each Person Supported's Personal Risk Management Plan and the risk register to ensure that all risks are assessed appropriately. 12/12/2024
It is important to note that the organisation is in the process of reviewing the Risk Management Framework.

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 10(3)(a)	The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.	Substantially Compliant	Yellow	06/01/2025
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably 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.	Substantially Compliant	Yellow	12/12/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Not Compliant	Orange	31/03/2025

	as part of a continuous professional development programme.			
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 safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	12/12/2024