



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

Issued by the Chief Inspector

Name of designated centre:	Teach Michel Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	12 January 2021
Centre ID:	OSV-0005700
Fieldwork ID:	MON-0031395

About the designated centre

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

Teach Michel Services is designated centre run by Ability West. The centre provides full-time residential service for up to six people with an intellectual disability, who are over the age of 18 years. The centre is located close to Galway city and comprises four fully self-contained apartments. Residents in Teach Michel Services are supported by a staff team which includes the person in charge, social care workers and care assistants. Residents have their own bedroom, living area, kitchen and bathrooms. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 - 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 12 January 2021	09:30hrs to 13:10hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

An inspection of this centre in November 2020 identified a number of areas of non-compliance with the regulations. Subsequent to this, the provider submitted an action plan to the Chief Inspector of Social Services which outlined a number of actions that were being undertaken in response to these areas of non-compliance. The purpose of this inspection was to follow-up on the progress made by provider towards coming back into compliance with these regulations.

Given due consideration to public health safety guidelines and nature of this follow-up inspection, the inspector did not visit the centre to meet with residents. Instead, this inspection was facilitated by the person in charge and conducted off-site in nearby offices.

In conjunction with documentation reviews and discussion with the person in charge, the inspector also spoke with one staff member over the phone to discuss the recent improvements made by the provider with regards to the management of behaviours that challenge and management of restrictive practices at the centre.

This staff member spoke positively about the changes that had recently occurred, particularly with regards to the increased engagement and support staff were receiving both from senior management and multi-disciplinary teams. This staff member also made reference to recent training that was made available to staff in respect of behavioural management, stating that it was very effective in increasing understanding among staff about residents' history and current behavioural support requirements. This staff member also attributed the positive support arrangements in place for residents requiring behaviour support, to the fact that staff working with these residents knew them very well. Furthermore, they also informed the inspector that it was currently custom and practice among staff to discuss and reflect on any behavioural related incidents that had occurred with their peers, which had a positive impact on identifying where changes to current behaviour support plans may be required.

The person in charge informed the inspector that there was a marked decline in the occurrence of behavioural incidents at the centre in recent months and that new systems were in place to monitor where such incidents did occur. She also informed the inspector that no restrictive practice was implemented at the centre since the last inspection.

Overall, this inspection found that significant progress had been made by the provider towards coming back into compliance with the regulations, particularly in the areas of staffing, behavioural management, governance and management, residents' rights and management of restrictive practices.

Capacity and capability

Since the last inspection, the provider ensured consistency in staffing levels was maintained, which meant that residents were at all times cared for by staff who knew them well. Due to the complex needs of some residents who lived at this centre, the provider was also ensuring that all newly recruited staff members were subject to a specific induction programme, which gave these staff the time to become familiar with residents' specific behaviour support needs and of their responsibility and role in supporting these residents.

The last inspection of this centre identified deficits in the training arrangements available to staff. Since then, additional training was provided for staff in behavioural management and the person in charge was awaiting further approval for additional training to be provided in this area in the coming months. In addition to this, the provider had also conducted specific training sessions which focused on the behavioural support needs and support required by individual residents who lived at the centre. One staff member who spoke with the inspector said that these sessions were very effective in supporting staff to increase their knowledge and skills on how best to support individual residents.

The person in charge also informed the inspector that a new staff member was recently recruited to the service and were due to commence their position subsequent to this inspection. Their intended primary role was to ensure that any recommendations made by multi-disciplinary teams in relation to the management of behaviours were appropriately implemented within the service.

Governance and management arrangements had also improved since the last inspection. With regards to increasing the oversight of the quality and safety of service delivered to residents, additional arrangements were put in place which focused on reviewing incidents and trends relating to behavioural management and use of restrictive practices. For example, a monthly analysis of incidents was now being carried out by the person in charge, which placed emphasis on identifying any trends occurring within the centre, particularly in the area of behavioural management. This monthly analysis also allowed for the review of incidents where restrictive practices were used, assuring these were applied in accordance with restrictive practice protocols. Since the last inspection, the quality of information provided by staff on incident reports had also improved, which had a positive impact on informing and supporting this trending analysis system.

The communication between staff, senior management and multi-disciplinary teams on the centre's use of restrictive practices and response to behavioural related incidents had also significantly improved. Members of the multi-disciplinary teams attended team meetings which enhanced communication between all staff members about any changes to residents' behaviour support interventions. Each meeting placed emphasis on reviewing and discussing any behavioural incidents that had occurred in the centre since the last meeting. The person in charge also continued to maintain regular contact with her line manager, ensuring that any areas of

concerns were discussed, escalated and addressed by senior management in a timely manner, as and when required.

Furthermore, out-of-hours arrangements were now more formalised, with a specific protocol in place to guide staff on what supports were available to them during the week.

Regulation 15: Staffing

Since the last inspection, the provider ensured consistency in staffing levels was maintained, which meant that residents were at all times cared for by staff who knew them well. An additional staff member was recruited to the service and due to commence working at the centre subsequent to this inspection. The purpose of their role was to oversee the effective implementation of behaviour support recommendations made by multi-disciplinary teams.

Judgment: Compliant

Regulation 16: Training and staff development

Appropriate training was provided to staff in the area of behaviour support management. The person in charge was also awaiting approval for further training in this area. Specific training sessions were also held with all staff which focused on the specific behavioural support needs of residents who lived at this centre.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management arrangements had improved since the last inspection of this centre. The oversight of behavioural management and use of restrictive practices was greatly enhanced through revised monitoring systems and better communication between staff, management and multi-disciplinary teams. Trending of incidents had also commenced, which had a positive impact in identifying potential risk and trends. Mid-week out-of-hours arrangements were now more formalised and a specific protocol was available to guide staff on what supports were available to them, as and when required.

Judgment: Compliant

Quality and safety

Overall, the inspector found that significant improvements were made since the last inspection, particularly in the areas of behavioural management and restrictive practices. However, minor improvement was still required to the assessment of risk at the centre. In addition, this inspection did identify that further review of the centre's infection control practices was required with regards to contingency planning.

Since the last inspection, no restrictive practice was used. This was largely attributed to the effective implementation of residents' behavioural support plans, which resulted in staff being able to de-escalate such incidents without requiring the use of chemical or environmental restrictions. The person in charge had since revised the centre's restrictive practice log, which now required staff to provide additional information to demonstrate that the least restrictive practice was at all times used. The person in charge had also ensured that staff were informed of the changes made to the restrictive practice log. Restrictive practice protocols were also subject to further review since the last inspection and of those reviewed by the inspector, these gave very clear guidance to staff on their appropriate application in practice.

Three behavioural related incidents were reported by staff for review by the person in charge since the last inspection. These incident reports were reviewed by the inspector, which demonstrated that staff effectively implemented the interventions in accordance with residents' behaviour support plans, resulting in the successful de-escalation of behaviours. The person in charge had also recently introduced further support documentation for staff, which guided staff in assessing for early warning signs relating to residents' behaviour. The purpose of this assessment was to enable staff to respond quickly, where the outcome of this assessment indicated that an escalation of behaviour may occur. The multi-disciplinary team along with the person in charge were also meeting on a quarterly basis to review the overall supports in place to support residents requiring behavioural support. These meetings also reviewed the use of restrictive practices, giving consideration to the possible reduction of restrictive practices, where appropriate. Given the complexity of behaviours that some residents presented with, substantial work had been completed towards to development of these residents' behaviour support plans. A sample of these were reviewed by the inspector, which offered clear guidance to staff on known triggers and on how best to respond to the residents during times where they required behavioural support. The inspector also observed that there was very clear linkage linkage between behaviour support plans and restrictive practice protocols.

Improvement was also made to the centre's risk management system. Specific risks relating to residents were supported by risk assessment, which identified the measures that the provider had put in place to mitigate against these risks. Furthermore, the provider's oversight of organisational risks relating to areas such as staffing, behavioural management were now included in the risk register and

subject to regular review by the person in charge. However, some minor improvement was required to some of these risk assessments to ensure that the risk-rating accurately reflected the positive impact that effective measures implemented by the provider had on the current management of these specific risks.

Since the introduction of public health safety guidelines, the provider developed individual contingency plans, which identified how each residents would be supported, should an outbreak of infection occur at the centre. Although plans were in place, these were not always specific to residents' individual needs, living arrangements and staffing requirements, particularly those with complex behaviour support needs. This was brought to the attention of the person in charge, who provided written assurances to the inspector the day after this inspection that a review of these plans had commenced.

Regulation 26: Risk management procedures

The provider had improved the overall oversight of organisational risks relating to areas such as staffing, behavioural management, ensuring that these were now included on the centre's risk register. The person in charge was also supported by an escalation procedure which ensured senior management were made aware of any high-rated risks at the centre. However, some minor improvement was required to some risk assessments to ensure that the risk-rating accurately reflected the positive impact that effective measures implemented by the provider had on the current management of these specific risks.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider developed individual contingency plans, which identified how each residents would be supported, should an outbreak of infection occur at the centre. Although these were plans in place, these were not always specific to residents' individual needs, living arrangements and staffing requirements, particularly those with complex behaviour support needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Since the last inspection, the provider had made significant improvements to

behavioural management arrangements and management of restrictive practices. Clear systems were in place for the review of behavioural related incidents, which had a positive impact on ensuring any changes required were reviewed by staff and multi-disciplinary teams in a timely manner. Additional support arrangements were also put in place to support staff in demonstrating the least restrictive practice was at all times used. No restrictive practices were in use at the centre since the last inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Where restrictions were in place for residents, the provider ensured that the centre was supported by the Human Rights Committee in the review of these restrictions.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Michel Services OSV-0005700

Inspection ID: MON-0031395

Date of inspection: 12/01/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>All risk assessments and their corresponding risk ratings were reviewed to ensure that the risk-rating accurately reflected the effectiveness of the control measures in place to mitigate against the possibility of risks occurring. This was completed by 30/01/2021.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Individual contingency plans have been updated further to include more specific detail in relation to the use of PPE and considerations which would need to be taken into account regarding PPE and the management of behaviours that challenge for one resident. The Contingency Plans also includes detail in relation to staffing supports, communication and multidisciplinary supports based on residents’ individual needs and in particular insupporting those with complex behaviour support needs. These plans were completed by 30/01/2021.</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 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	30/01/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	30/01/2021

	published by the Authority.			
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