<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ability West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011993</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Galway</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Breda.Crehan-Roche@abilitywest.ie">Breda.Crehan-Roche@abilitywest.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Ability West</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Breda Crehan-Roche</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Orla Haddigan / Angela McCormack</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O'Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Lorraine Egan</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 April 2014 14:50
To: 30 April 2014 19:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This was the first inspection of this group of community based residential services by the Health Information and Quality Authority (the Authority).

Part of this monitoring inspection was to establish if three residential units and one respite service unit could be registered as a single designated centre. In line with the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, it was deemed that all four services could not be considered as one designated centre due to various factors for example, the distance between locations.

The provider subsequently submitted revised documentation to notify the Chief Inspector of the operation of two designated centres.

This report covers the inspection of two of the residential homes, which were managed by two different persons in charge. These units were in different locations. A separate report covers the other two units which were in another location and managed by a different person in charge.

The persons' in charge and area manager facilitated the inspection. Inspectors observed staff interactions with residents, spoke to residents, reviewed documentation such as personal plans, behaviour support plans, policies, procedures.

Residents spoken with were enthusiastic about the inspection. They were excited to show inspectors their home, and their personal plans.

Plans were focused on enhancing independence and skill sets, improving health, community participation and quality of life. Some of the goals discussed with
inspectors had been achieved by residents, for example one resident's bedroom and en suite having been customised to meet their specific needs in order to ensure maximum independence.

Not all outcomes were inspected on this inspection due to time constraints and traveling to different locations. Non-compliances noted in relation to outcome 5; ensuring residents personal plans were in an accessible format and outcome 7; relating to the frequency of fire drills and risk assessment review.

These areas are discussed further in the report and included in the action plan at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Residents’ social care needs were met a good standard. Residents’ personal plans were person centred to residents’ needs, however, more work was required to ensure all personal plans were in a format accessible to their individual assessed needs.

Not all aspects of this outcome were reviewed on this inspection.

A person centred plan was discussed with a resident. Goals were clearly defined with time lines and achievable actions. A personal plan for the resident indicated one of their goals was to renovate their bedroom and toileting facilities to provide greater independence. The resident showed an inspector the renovated space demonstrating the goal had been completed and achieved greater independence for the resident as a result.

The resident’s knowledge of their personal plans indicated they had been involved in their development. However, the plan reviewed by the inspector was in a written format. The resident spoken with was not always able to describe the content of their plan without verbal prompting from an inspector. Plans were not in a format that was accessible and understood by the resident.

An inspector reviewed a personal plan picture book that had been developed for a resident. They had made a decision not to participate in developing a personal plan using a person centred planning process. The book indicated the residents family tree, their friends, interests, places of work. It indicated that the resident had requested
changes in their working arrangements, the resident confirmed their request had been facilitated and their work arrangement had changed.

However, there was no date of when the book had been developed or review dates indicated, therefore it was difficult to ascertain if the information identified in the book was relevant to the resident's current interests and needs.

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<tr>
<td><strong>The health and safety of residents, visitors and staff is promoted and protected.</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>Judgement:</strong> Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Health and safety and risk management was reviewed in one of the residential houses. Not all aspects of outcome 7 were reviewed on this inspection.

An inspector reviewed a risk assessment and action plan for residents in relation to their independent living arrangements. These had been reviewed and updated in February 2013 indicating the arrangement was satisfactory and no issues were identified.

An emergency plan was reviewed, which indicated measures in place for staff to implement in response to incidents such as power cuts, water supply issues, heating failures and fire.

Colour coded mops and buckets were in use with pictorial information for staff and residents to indicate areas for their intended use to prevent cross contamination.

A medication self administration risk assessment was carried out for a resident, which was up to date.

A risk matrix was used to assess levels of risks identified. However, risk assessments reviewed did not identify who was responsible or indicate additional control measures or dates when actions would be completed. For example, in relation to slips, trips and falls, it was identified trailing cables were a risk, but the risk assessment did not indicate who was responsible for addressing an action, what the action should be and by what date.

Evacuation plans were displayed in each residential unit. There were no documented records for fire drills carried out in the residential unit in 2013 and one was carried out in 2014. No drills occurred at night time.
One of the residential houses had anti scald thermostatic measures in place, however the other unit had not.

### Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Aspects of outcome 8 were reviewed across both residential units. There were measures in place to safeguard residents and protect them from abuse.

Restrictive practices were reviewed by a Human Rights Committee with an independent person nominated to chair the meetings. All restrictive practices were in place with an associated behaviour support plan and ongoing input from a behaviour support team that comprised of allied professionals such as behaviour support specialists, psychologists and psychiatry.

An inspector reviewed a behaviour support plan. It identified the underlying causes of behaviour that is challenging for the resident. Specialist and therapeutic interventions were implemented and reviewed regularly by the person in charge and relevant allied professionals for example, clinical psychologist and psychiatrist. Restrictive measures were under review in line with the organisation's policy in relation to restrictive practices.

Residents had access to advocacy services and contact details were made readily available in written format in the residential units. A resident spoken with indicated they had availed of this advocacy service in relation to an issue they had previously. They gave a clear outline to an inspector of how they had contacted the advocate, the advocate's name and their satisfaction with the outcome of the process.

Residents had access to money management skills training conducted once a week in the training centre. Residents had safeguarding measures in place to ensure their money was safe and logged comprehensively.
**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Ann-Marie O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report¹

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<tr>
<td>Date of Inspection:</td>
<td>30 April 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27 May 2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all residents' personal plans indicated they had been reviewed annually or more frequently if there was a change in needs or circumstances

Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
An overall review has been undertaken by Persons in Charge in relation to residents’ personal plans and all residents now have had a review within the timescale of one year. Records are maintained of such reviews. Action completed.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Systems in place in the designated centre were not satisfactory for the assessment, management and ongoing review of risk.

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

**Please state the actions you have taken or are planning to take:**
Process of hazard identification and risk management at the designated centre has been reviewed, the risk register is being updated and a revised system is being implemented. This includes assessments, management and ongoing review of risk, control measures, responsibilities, timescales and completion of any actions. (proposed timescale: 13/06/2014)

Also Systems in place for responding to emergencies have been updated and Critical Incident Response Plans now reflect responding to emergencies specific to the centre. Critical Incident Response Plans specific to the designated centre has been updated to ensure staff are directed to the relevant emergency services regarding the various types of critical incidents. Action completed.

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### Proposed Timescale: 13/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Regular fire drills had not been carried out.

**Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
Fire drills have now been carried out in the services of the designated centre and documented accordingly; this included day and night time drills. Action completed.
| **Proposed Timescale:** | 26/05/2014 |