<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>OSV-0001494</td>
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<td>Centre county:</td>
<td>Galway</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>Ability West</td>
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<tr>
<td>Provider Nominee:</td>
<td>Breda Crehan-Roche</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O'Neill</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the</td>
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</tr>
<tr>
<td>date of inspection:</td>
<td></td>
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<td>Number of vacancies on the</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**

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<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>06 August 2014 14:30</td>
<td>06 August 2014 18:20</td>
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The table below sets out the outcomes that were inspected against on this inspection.

| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety              |
| Outcome 12: Medication Management                |
| Outcome 14: Governance and Management            |
| Outcome 17: Workforce                            |

**Summary of findings from this inspection**

This was the first inspection of this centre. Originally the centre had been part of another designated centre that comprised of two residential units, however, the inspector formed the view during the course of the inspection that there was a different focus of care in both residential units and a decision was made to make each residential unit a separate designated centre.

Due to the change in the designated centre status, only 5 outcomes were partially reviewed on this inspection. Residents engaged with the inspector and spoke about their recent achievements, hobbies, goals and friendships with other residents and staff.

Residents had been consulted in relation to some environmental restrictions that were necessary in the management of behaviour that is challenging. This had been discussed with all residents through individualised meetings with the person in charge and through resident's meetings. The inspector reviewed minutes of meetings which indicated that residents were in agreement with this intervention and had signed the minutes of the meeting to indicate their consent.

Medication management was an area of compliance in the centre. The inspector spoke with the person in charge and she demonstrated knowledge of organisational policies and procedures.

A good level of compliance was found in all outcomes reviewed. Non compliances were found in review of behaviour support recommendations to ensure they were up to date, documented supervision records were not sufficient for volunteers working.
in the centre and improvement was required in relation to staff training to meet specific care needs. These are further discussed in the body of the report with associated actions and provider's response 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 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

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

The inspector found that there were adequate precautions against the risk of fire in the centre. Fire drills were carried out four times a year. Fire escapes were via the front and back doors and compartmentalisation was used should a fire break out upstairs or on the landing. The most recent fire drill had been carried out on the 28 July 2014. It had been noted that not all residents responded to the fire alarm due to hearing difficulties. The person in charge was in the process of sourcing other options to ensure that all residents were promptly alerted in the event of a fire.

The centre had break glass boxes in case of fire to sound alarms. These had been serviced in April 2014. Break glass fire compliant containers for holding keys were located at fire exits. Weekly, daily and monthly checks of emergency lighting and equipment was maintained and up to date.

Judgment:
Compliant

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
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector did not cover all aspects of this outcome on this inspection however, in the areas reviewed the inspector found there were adequate safeguards in place to protect residents from abuse in relation to management of behaviours that challenge and the use of restraint practices.

Some environmental restraint was necessary in order to manage behaviours that challenge, this had been reviewed by the human rights committee for the service that had identified that restraint did not overtly impact on the liberty and rights of residents in the centre.

The person in charge also showed minutes of a recent resident's meeting whereby resident's were consulted in relation to the environmental restraint. There was indication from them that they were in agreement and understood why it was necessary giving their considered consent for its use in their home.

The inspector reviewed a behaviour support plan in place and found it to be comprehensive. It identified triggers to behaviour that is challenging, de-escalation strategies and strategies for staff to implement in response as may be required. The person in charge indicated that there had been involvement by a psychologist in drawing up the plan and it had been effective in care management.

The plan had initially been drafted in 2010. There was evidence to indicate it had been reviewed from dates documented at the front of the plan however, a review synopsis was not available to indicate a reduction in the number and severity of incidents of behaviours that were challenging in order to demonstrate the effectiveness of the plan and why it was still in place.

Part of the behaviour support plan included PRN chemical restraint which had been discontinued earlier in the year due to the effectiveness of the support interventions, however, the support plan had not been updated to reflect this change. Review of interventions through the individual personal plan required improvement.

Judgment:
Non Compliant - Moderate

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Overall the inspector found medication management was in compliance. Written operational policies and procedures were in place for the safe storage, administration and transcribing of medications.

Medications were securely stored in a locked cabinet in the staff office of both residential units. Spoiled, rejected and out of date medications were managed safely. The person in charge demonstrated knowledge of organisational policy in relation to disposal of out of date or soiled and rejected medications.

No resident required refrigerated medications. The person in charge also demonstrated to the inspector the storage arrangements available in the centre should there be a requirement for controlled medication to be stored. Original prescription records were kept in the centre and filed in the medication administration folder.

Staff working in the centre had completed medication management training with evidence of refresher training in staff records.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The person in charge worked full time and had the appropriate experience, qualifications and leadership qualities commensurate with her role. Residents were very comfortable in her presence and indicated she was the person they would speak to if they had an issue or worry.

She demonstrated good knowledge of resident’s needs, capacities and goals. The person in charge had facilitated residents to go on excursions and photographs indicated she
had accompanied residents on these excursions for example trips to the musicals or facilitating residents to participate in sponsored walks for charity.

She had sufficient knowledge of her statutory responsibilities in relation to notifications and had also engaged in ongoing continuous professional development completing training in medication management and administration, safe food preparation, fire safety and client protection.

The person in charge outlined the supervision arrangements for the team of staff she managed indicating staff team meetings were held once monthly. These meetings were used as opportunities to review residents’ issues and other items identified for discussion as necessary. Action plans were formulated after these meetings with allocated persons responsible for actions and timelines indicated in some cases. The inspector reviewed minutes of staff meetings held in July and June 2014.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that there were adequate staffing numbers working in the centre on the day of inspection. However, improvements were required to ensure staff had training to meet specific care needs of residents living in the centre, for example, management of epilepsy and first aid.

Work rosters for three weeks were reviewed. The role of each member of staff was specified on the roster and there was a planned and actual roster maintained.

A sample of staff files were reviewed as part of the inspection. Staff files reviewed contained documents as specified in Schedule 2 of the Regulations. Staff working in the centre had Garda vetting. Roles and responsibilities, references and photographic identification were kept on file.

Volunteers had documented roles and responsibilities and a contract. All volunteers had
vetting appropriate to their roles, however, there was inadequate documented records of supervision meetings with volunteers as each volunteer had received a supervision meeting once this year.

Records showed ongoing staff training for all staff working in the centre. From records reviewed staff had received training and refresher updates in medication management, manual handling and client protection. However, some staff working in the centre had not received training relating to management of epilepsy. Whilst not all staff had received first aid training to ensure an adequate first response to residents in the event of a seizure, all staff had received training in the administration of a first aid response medication. Staff training in the centre required a more specific focus to the care needs of residents in the centre.

**Judgment:**
Non Compliant - Moderate

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in 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 report

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<td>06 August 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>03 September 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 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Although therapeutic interventions were implemented with the informed consent of the resident, review of these as part of the personal planning process required updating, for example, chemical restraint was no longer used in the care management for a resident however, it was still documented in their behaviour support plan.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The behaviour support plan in question will be fully reviewed, as planned, on 8th September 2014. The plan will be amended by the PIC, the psychologist and the resident’s key worker where necessary and the review will also include any changes to be made regarding PRN medication. Additionally, a psychiatric review is scheduled for 25th September 2014 for this resident. In the interim, the discontinuance of the PRN chemical restraint has now been noted on the resident’s file.

**Proposed Timescale:** 30/09/2014

### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had appropriate training in the management of specific care needs for some residents in the centre.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
All staff in the centre have been trained in epilepsy management, with the exception of three relief staff who are scheduled to attend training on 15th September 2014. This training includes relevant first aid such as putting an individual in the recovery position and the safe administration of Midazolam.

**Proposed Timescale:** 15/09/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Documented records of supervision meetings with volunteers were not maintained.

**Action Required:**
Under Regulation 30 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

**Please state the actions you have taken or are planning to take:**
Volunteers in the designated centre will have three supervision sessions annually, all of which will be documented. To date, each volunteer in the designated centre has had two supervision sessions in 2014.

Completed.
**Proposed Timescale:** 29/08/2014