<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ability West</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001493</td>
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<tr>
<td>Centre county:</td>
<td>Galway</td>
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<tr>
<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>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
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<tr>
<td>Number of vacancies on the date of inspection:</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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 15 December 2014 10:30
To: 15 December 2014 20:00
16 December 2014 10:00
To: 16 December 2014 14:00

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

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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was the second inspection of this centre. A monitoring inspection was carried out in June 2014. At that time the service was part of another designated centre. After the inspection the service units were changed to two designated centres.

The person in charge and provider had completed the actions within the timeframe specified on the action plan response from the previous monitoring inspection. The person in charge had also undergone a management training and mentoring programme since the previous inspection. They had also implemented a system to audit key quality indicators. From these audits the person in charge identified where
positive quality systems were in place for residents and where some practices needed improvement, for example, ensuring fire safety checks and personal plan information was up to date and contemporary.

Residents living in the centre had their needs met to a good standard of person centred care. Residents were supported to achieve independence and community participation with due regard to their abilities and preferences. Residents attended work and day centre placements based on their assessed person centred goals, skills sets and needs.

Personal plans indicated assessed outcomes. Goals were identified and discussed with the residents and their support network including their key worker, family and friends at ‘circle of support’ meetings. Residents were encouraged to have participation in their care planning. There was evidence to show restrictive practices had reduced in the centre as a result of behaviour management strategies in place that suited the needs of residents and staff with the proficiency and ability to implement them.

Residents were supported to manage their personal finances in a way that afforded them autonomy and independence. There had been improvements made since the previous inspection in the monitoring of residents finances and auditing of the system in place.

Overall the inspector found a good standard of compliance with some non compliance in outcomes as covered in the body of the report, with actions and provider's response as outlined in the action plan.
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, 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.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Residents’ rights and consultation were met to a good standard on this inspection. Residents received consultation and information on a regular and inclusive basis. Residents’ finances were more robustly safe guarded and managed since the previous inspection. However, non-compliance was found with regard to the complaints procedure. The ‘easy read’ complaints procedure required review to ensure it outlined the procedure for how to make a complaint in a clear and concise way.

Overall the inspector found residents’ rights and dignity were promoted and supported by the person in charge and the staff that supported them.

On the previous monitoring inspection, systems in place for managing residents’ finances required review to ensure they provided adequate safeguarding and were in line with organisational policy and procedures

The action plan response from the provider indicated there had been a review of how residents’ finances were managed in the designated centre. This would ensure adequate safeguarding of residents’ finances was in place in line with organisational policy and procedures.

On the previous inspection the policy for management of residents’ finances required review to ensure procedures gave staff adequate guidance for how to manage residents’ finances in designated centres.

The response from the provider had indicated procedures, regarding the management of
service users’ finances and property, had been updated. It now included more information on how often residents’ finances should be reviewed in designated centres, for example.

On this inspection safeguarding measures for residents’ money were more robustly managed. For example, all residents now had a personal bank account and bank card. Checks and balance logs were reviewed daily and the person in charge maintained receipts for all purchases made by the resident. Residents also signed they had purchased items identified on receipts. The person in charge could easily retrieve receipts for purchases indicated in checks and balances logs for each resident.

Residents living in the centre attended regular house meetings. The inspector reviewed a sample of meetings and found them to be inclusive and informative. These meetings were an opportunity to communicate organisational policies and procedures to residents.

From the sample reviewed residents had discussed voting in elections and had been given information on the candidates. Residents’ holiday ideas and choices were discussed, fire safety training, menu choices and Christmas holidays were also some other discussion topics.

Residents’ belongings were respected in the centre and residents were given the facilities to safeguard them during their stay. Each resident had their own bedroom. Their bedroom doors could be locked from the inside to ensure their privacy. All bathrooms and toilets had adequate privacy measures in place.

Prior to the inspection questionnaires were given to residents to ask for their feedback on how they found the service they were receiving in the centre. Overall the feedback was positive. A resident did indicate they did not want to live in the centre on a long term basis. This had been identified also in the resident’ circle of support meeting. There were processes in place to address the resident’s wishes and a plan was in place to ensure the resident’s goal would be actualised when the suitable and correct supports were in place.

Residents had access to an ‘easy to read’ complaints policy/procedure. The format of the document required review as it was difficult to identify the procedural steps for making a complaint apart from the education piece on why it was important to make a complaint and what types of complaints that could be made. The complaints procedure also needed to be tailored to the literacy/communication abilities of residents in the centre.

The inspector reviewed the complaints log for the centre. There were no open complaints at the time of inspection. These had been addressed by the person in charge. However, the format of the logging documentation required review as it did not set out where the satisfaction of the complainant could be documented.

**Judgment:**
Substantially Compliant
Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
Effective systems were in place that ensured their individual communication needs were met. The organisation had a communication policy as per the requirements of Schedule 5 of the Care and Welfare Regulations.

In this policy it outlined that the organisation adopted a ‘total communication philosophy which is an approach used to create a successful and equal communication between human beings with different language perceptions and/or production’.

The inspector found evidence of this ethos in action in the centre during the course of the inspection. Some policies pertinent to residents were in an easy read format and were made available in the centre.

Photographs were used to indicate what staff were working in the centre on a given day and to assist in menu choices for example. Residents had access to radio, television, telephone and supported internet usage.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
Residents were encouraged to have positive relationships with their families and friends. The organisation had a policy on visits to guide best practice.

Some residents, that required specific supports, had received the collaboration of multi-
disciplinary allied professionals and staff to ensure relationships were maintained and supports were given where necessary.

This was evidence of good collaboration of supports for a person that had specific needs to achieve a positive outcome for them. A resident had expressed a desire to live in a family environment as part of their ‘circle of support’ goals. They were, at the time of inspection, being actively supported to actualise this goal and systems were in place to see the goal come to fruition.

Residents were supported to understand romantic relationships and receive education and support related this. Residents were supported to visit their family. They shared festive and family gathering events with the individualised supports they needed.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

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

**Findings:**
There were written agreements with residents which dealt with their support, care and welfare in the designated centre. These also detailed the services that would be provided to them during their stay there.

Residents each had a contract of care. It outlined the conditions of residents’ residential placement. It set out the specific fee per nights stay in the service. It set out what residents’ contribution did and did not pay for. It set out services, supports and care the resident would receive.

Contracts of care for residents needed some revision to include information that was in the organisation’s personal finances policy. It was mentioned in the policy that residents did not have to pay for support staff meals on social trips, for example. The contracts did not make reference to this.

Contracts also made reference that residents would be supported to have a yearly health check, however, the contracts did not outline that this yearly health check was at a fee to the resident.
**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

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

**Findings:**
Each resident had a personal plan. Residents were helped to identify and achieve their goals. This happened through a ‘circle of support’ meeting. These were meetings that the resident, their family and significant others in their life attended. Relevant clinicians and staff working with the person also attended these meetings.

Their purpose was to collectively discuss the resident’s goals and aspirations. They discussed real and practical ways for the person and their support staff to achieve these goals. These meetings were a way to assess progress made and to acknowledge achievements.

‘Circle of support’ meetings, in personal plans reviewed, were up to date and goals in place for residents were based on their assessed needs and capabilities. Residents were involved with the review of these goals. The roles of family and support services for residents were identified in plans reviewed. Short- and longer-term goals were identified.

Personal plans for residents also had health plans, communication plans, speech and language assessments and behaviour support plans included. This ensured the information about residents in the plans gave a comprehensive overview of their individualised needs.

**Judgment:**
Compliant
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services

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

**Findings:**
The location, design and layout of the centre was suitable for the needs of residents as set out in their personal plans. The size of the centre also suited the number of residents that lived there.

There was adequate kitchen and dining space for residents to participate in preparing a meal and to enjoy a comfortable dining experience. The living room was also comfortable and was in the process of being re-decorated with a fresh coat of paint which would make the space appear brighter and more modern.

Other parts of the centre had recently been painted and were bright and modern. Photographs of residents that lived in the centre had been made into canvas prints and added a personalised touch. The centre was homely and comfortable.

A smaller living room area was also provided for a resident that preferred their own space and privacy at times. Residents’ bedrooms had ample space and room for furniture and personal belongings. The centre was also bright with a good source of natural and artificial light throughout.

Records were available to indicate that equipment in the centre had been serviced as required. Logs to the organisation’s ‘maintenance’ manager, by the person in charge, showed evidence of prompt actions by the person in charge in response to premises issues identified at any given time. There were also servicing records available for inspection.

There were ample modern toileting and showering/bathing facilities. The external grounds of the centre were also well maintained and pleasant.

**Judgment:**
Compliant

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The health and safety of services users, visitors and staff was adequately provided for in the centre. Previously, the inspector had identified a number of areas that required improvement in Outcome 7. These areas related to fire drills, fire evacuation and fire safety training for staff. The provider and person in charge had addressed the issues identified on the previous inspection.

The health and safety statement for the centre was up to date. Fire extinguishers had been serviced in July 2014. The fire alarm panel had been serviced in May 2014. There was an up to date record of fire drills. Issues of concern were documented after completing fire drills, for example, if a resident refused to leave the premises or an area within the premises.

Each resident had an individualised personal evacuation plan that documented the type of assistance they would need during an evacuation of the centre. A fire evacuation procedure was located in a prominent position in the centre with pictorial explanation of the procedure and location of exits. Emergency lights were over exit doors.

During the previous monitoring inspection, it was noted that emergency evacuation from the centre was impacted upon due to the necessity to lock exit doors in the event of residents engaging in behaviour that is challenging. These incidents happened infrequently but, nonetheless, at those times there was an impact on the ease in which evacuation procedures could be carried out in the event of an emergency. A fire compliant unit, to hold an emergency key for the back door for use in an evacuation, had been fitted to address this issue.

Infection control guidelines for the centre were sufficient given the purpose and function of the centre. Colour coded mobs were allocated to clean specific areas of the centre. A cleaning rota provided staff with instructions of how often certain areas in the centre needed cleaning, for example, toilets and wash hand basins. A first aid cabinet was located in the kitchen area and was well stocked, with stock checks regularly carried out.

Paper hand towels were in use and made for purpose hand wash containers were located at hand washing facilities. Alcohol hand gels were also located in the centre. Residents had received training in hand hygiene and there was informative signage over hand washing sinks in the centre to remind residents and staff to wash their hands. Colour coded chopping boards were in use in the centre to ensure good food hygiene practices were implemented. Each colour represented the food type that should be prepared on them, thus reducing the risk of cross contamination.

Potential risks and hazards in the centre were documented in a ‘risk register’. This identified and documented potential risks. Each documented risk had an assessment of
the level of risk and risk reduction strategies documented. Showers and wash hand basins had thermostatic control valves to prevent the risk of residents and staff from scalding. Each resident also had an individualised risk identification and associated risk reduction plans in place, for example, identified strategies in place to reduce a resident’s likelihood to abscond.

**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):**

**Findings:**
Measures to protect residents from being harmed or experiencing abuse were in place.

Appropriate action responses were identified in the organisation’s ‘Trust in Care’ policy in responding to allegations of abuse. Types of abuse were identified in the policy. Within the overall organisation allegations of abuse, notified to the Chief Inspector, were investigated promptly. Allegations of abuse had been notified within the specified time frame with follow up notifications for the outcome of investigations made. There were no allegations of abuse under investigation, for the centre, at the time of inspection.

Residents in the centre were safeguarded in their use of the internet. The organisation had a social media policy and residents had been made aware of this.

The organisation had a policy on challenging behaviour and restraint. Staff received training in positive behaviour support strategies and de-escalation/’low arousal’ techniques. Restraint, in the form of chemical restraint, had been discontinued as a management option for behaviours that challenge. This was a positive outcome for residents in the centre. This was evidence to indicate the behaviour support interventions in use were meeting their needs and producing positive outcomes for them.

The person in charge had documented evidence, in the form of bar charts, to indicate the number of times environmental restraint usage had been used. Exit doors to the
centre had been locked on 25 different occasions in 2011. This was to prevent residents absconding from the centre and in turn putting themselves at significant risk. The number of incidents of locking doors had reduced to 5 incidents in 2014. Incidents of challenging behaviour i.e. attempting to abscend, had reduced therefore there was an 80% reduction in environmental restraint being used in 2014.

This periodic service review of incidents and restraint in the centre provided an audit to indicate behaviour management strategies in use were working. The person in charge outlined how staff implemented 'low arousal’ strategies in their day to day interactions with residents and the evidence indicated it was working.

There was an organisation policy on provision of personal intimate care. Residents requiring assistance with care of this nature had individualised care plans. The inspector noted they were detailed and guided staff how to engage in individualised intimate care practices.

However, the intimate care assessment template required review to ensure the assessment outlined the specific types of support a resident may need. For example, a physical or verbal prompt and how staff would carry this out. Also, the intimate care plan template did not make adequate provisions to document if residents were fully independent in the management of their personal hygiene or how staff could support residents in maintaining this independence as much as possible.

Judgment:
Substantially Compliant

### Outcome 09: Notification of Incidents

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe Services

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

**Findings:**
A record of all incidents occurring in the centre was maintained and where necessary notified to the Chief Inspector. The inspector reviewed incidents and accidents documented in the centre and found that incidents requiring notification had been submitted to the Authority as per the regulations. The person in charge demonstrated knowledge of their regulatory responsibility in regard to notifiable events.

**Judgment:**
Compliant
Outcome 10. General Welfare and Development
Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Residents’ general welfare and development needs were proactively supported in the centre. ‘Circle of support’ meetings and a person centred planning process were some of the methods used to establish residents' educational, employment and training goals.

Residents had opportunity to attended personal development activities suited to their interests and capabilities, for example day services, training centres or employment.

Residents engaged in social activities within and out of the centre. Residents had choice and autonomy in making decisions of how they wanted to spend their day. Some residents were supported to engage in social activities with the assistance of a volunteer. Residents were supported to independently avail of this service and choose what activities they were interested in on their terms.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Residents were supported to access health care services relevant to their needs. They had access to a general practitioner (GP) and had the autonomy to choose their own GP and pharmacist. Residents also had access to allied health professionals such as speech and language therapists, opticians, dentists, behaviour support specialists and
psychology and psychiatry services as needed.

Residents participated in choosing their weekly mealtime menu options. Residents had the opportunity to eat their meals in pleasant surroundings. The dining and kitchen facilities met the needs of residents. There was ample space for residents to engage in the preparation of meals and snacks. Dining facilities were adequate also. Fridges and presses had a good supply of frozen and fresh produce. There was a good choice of condiments for the preparation of fresh meals.

Residents’ nutritional risk was assessed using a nutritional risk assessment tool. Residents identified as overweight had access to healthy freshly prepared meals in the centre. A healthy eating regimen was in place, residents that required support to lose weight had been referred to a dietician and they were on a public health services waiting list. The person in charge outlined it was their intention support the resident to access the services of a private dietetic service to meet the needs of the resident due to the lengthy waiting times for public patient appointments.

Residents had up to date hospital passports which gave detail in relation to their health care needs and the supports they would require on an emergency or planned admission to hospital. Residents with health care needs associated with epilepsy had individualised care plans in place. The inspector noted emergency medication for the management of seizures was prescribed for a resident and was brought by staff when they supported the resident on social outings away from the centre, for example. Protocols for emergency management of seizures were also in place for residents that needed them. All residents had an up to date yearly health check in their personal plans. All residents had received an up to date blood test.

**Judgment:**
Compliant

**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):**
No actions were required from the previous inspection.

**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, combination lock
had been fitted as a risk management strategy. The door to the staff office was locked at all times as an added precaution. No resident required refrigerated or controlled medications at the time of inspection. Original prescription records were kept in the centre and filed in the medication administration folder. Medication prescriptions were transcribed to administration charts as per the organisation policy.

Staff working in the centre had completed medication management training with evidence of refresher training in staff records. The person in charge carried out medication management audits. These audits reviewed expiry dates on medications, checked if medication prescriptions had been accurately transcribed and reviewed medication logs for stock.

An audit by a pharmacist had also taken place in December 2014 to review quality of medication management practices in the centre. A further audit had taken place by persons in charge from another designated centre. These audits ensured quality review of medication management practices within the centre.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
With the reconfiguration of the services following the last inspection, a new statement of purpose was required. On this inspection, there was a written statement of purpose that accurately described the service that was provided in the centre.

The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided was reflected on the two days of inspection.

The statement of purpose met all the matters as set out in Schedule 1 of the Care and Welfare Regulations.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The person in charge of the centre had not changed since the previous monitoring inspection in June 2014. They worked in a full time capacity. The person in charge was suitably qualified with relevant experience commensurate to his role. The Person in charge reported to the Area services manager (PPIM), who reported to the Director of Client Services who in turn reported to the CEO.

There was documented evidence to show that quality audits had been carried out in the centre by the provider and nominated persons participating in management. They had visited the centre at least once every six months and produced a report each time on the safety and quality of care and support provided in the centre.

The provider had also recently enhanced the format of the audit template to ensure a more comprehensive assessment was carried out each time under each of the 18 outcome headings. These had identified some key areas that needed improvement and were put into action. For example, it had been identified that the centre needed some refurbishment and the inspector observed the hall and landing had been painted recently. During the course of the inspection the living rooms were being painted.

Since the previous inspection the person in charge had undergone management training and a mentorship programme to ensure they had the skills and competencies for their role as person in charge. There was evidence to show this had provided the person in charge with skills and competencies to audit quality of care practices in the centre and engage in supervision of staff more comprehensively.

On foot of this the person in charge had implemented an auditing system. These audits reviewed key quality indicators for example, staff training, hygiene and infection control practices, behaviour support and restrictive practices, residents’ finances and fire safety checks.

Positive changes had come about following these quality audits. There was documented
Evidence of where the person in charge had identified key areas that needed to be addressed and had highlighted these with staff. For example, the person in charge used the system to identify where documentation was not up to date for example, personal plans or fire safety checks. The inspector found documentation in these areas were up to date and contemporary during the inspection.

Audits were also used to ascertain the effectiveness of care practices in the centre, for example, a recent audit of restraint practices had indicated there was a reduction overall in chemical and environmental restraint practices. This indicated the quality of behaviour support interventions used within the centre had a positive outcome for residents.

The person in charge also received ongoing support and supervision by the PPIM every three weeks. The PPIM assisted the person in charge and inspector during the course of the inspection and demonstrated a good knowledge of the running of the centre and the needs of residents.

**Judgment:**
Compliant

### Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The person in charge of the centre had not been on leave for more than 28 days.

The person in charge, area services manager (PPIM) and provider demonstrated knowledge of their regulatory responsibilities regarding notifying the Chief Inspector of any such absences and the specific time frames also.

**Judgment:**
Compliant

### Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.
**Theme:**
Use of Resources

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

**Findings:**
The centre was suitably resourced to meet the needs of residents’. Staffing resources and skill mix were based on the assessed needs of residents.

Maintenance issues were addressed promptly and the centre was suitably resourced with equipment and furnishing to meet the needs of the residents that lived there.

**Judgment:**
Compliant

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector satisfied was that there was enough staff working in the centre during the two days of inspection. Three staff were allocated to work in the centre at the time of inspection. It had been identified that residents in the centre required enhanced supervision and resources had been allocated to meet that need.

The planned and actual rota indicated that these staffing numbers were in place to ensure the safety of residents and to meet their specific needs.

There had also been improvements to the documentation of staff roles on the staffing rosters. This had been an action given by the inspector on the previous monitoring inspection and had been completed by the person in charge.

A sample of staff files were reviewed as part of the inspection process. Of the sample of staff files reviewed all of these were found to contain matters as set out in Schedule 2.
Training records showed ongoing training for all staff working in the centre. From records reviewed staff had received ongoing and fresher training in areas such as managing challenging behaviours, administration of emergency medication for the management of seizures, hand hygiene, client protection, non-violent crisis intervention training and fire safety.

Staff working in the centre had specific skills and experience of working with residents that presented with behaviour that is challenging. They were proficient in the ‘low arousal’ behaviour management system prescribed to support residents living in the centre. Evidence was available to indicate that staff skills in the use of this behaviour management technique had a positive overall impact on the quality of lives for residents.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
Written operational policies were in place to inform practice and on review the inspector found that all policies set out in Schedule 5 were in use.

Residents had access to easy read policies also. The statement of purpose and resident’s guide were available in the centre and the most recent inspection report was available to residents, their family and visitors. The centre was insured and this was up to date.

Information relating to residents and staff were securely maintained in the office of the centre and were easily retrievable. A directory of residents was up to date and met the requirements outlined in Schedule 3.

Overall the inspector found that records maintained in the centre met with compliance.
Judgment:
Compliant

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ability West</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001493</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>15 December 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26 January 2015</td>
</tr>
</tbody>
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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, 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure required review. The format of the document meant it was difficult to identify the procedural steps for making a complaint apart from the education piece on why it was important to make a complaint and what types of complaints that could be made.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

**Please state the actions you have taken or are planning to take:**
The Complaints Procedure is under review by the Lead Manager for Quality, Standards and Compliance and the revised procedure will be brought to the Policy Advisory Group for approval on 12th February 2015. All complaints will now be logged on the Quality Management Information System (QMIS), and this will allow us to complete a thorough analysis and audit of all complaints received. This is envisaged to be commissioned by the end of February 2015

**Proposed Timescale:** 28/02/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints procedure needed to be tailored to the literacy/communication abilities of residents in the centre.

**Action Required:**
Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**
We have reviewed the Complaints Leaflet and amended the leaflet to be more service user friendly. This will be operational on 6th February 2015.

**Proposed Timescale:** 06/02/2015

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The contract of care did not set out fees were payable for yearly health checks.

Residents' contracts of care did not set out clearly the organisation's policy relating to residents not expected to pay for staff meals while on supported activities or travel tickets, for example.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details
of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
An addendum to the contract has been sent to all families in relation additional costs incurred by service users.

Proposed Timescale: 19/12/2014

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The intimate care assessment template required review to ensure the assessment outlined the specific types of support a resident may need. For example, a physical or verbal prompt and how staff would carry this out

The intimate care plan template did not make adequate provisions to document if residents were fully independent in the management of their personal hygiene or how staff could support residents in maintaining this independence as much as possible.

Action Required:
Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Please state the actions you have taken or are planning to take:
The Intimate Care Assessment Plan and Template is currently being reviewed. The associated procedure will also be reviewed. This will ensure that when service users are independent, their independent skills will be promoted, and assistance will be provided to other service users as required.

The overall procedure and assessment template will assist to ensure that services users will be as independent as possible and build skills and also receive the necessary assistance as required. This will be completed by the Area Services Manager on 26th February 2015.

Proposed Timescale: 26/02/2015