<table>
<thead>
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<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ability West</th>
</tr>
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<td>Centre ID:</td>
<td>OSV-0004060</td>
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<td>Health Act 2004 Section 39 Assistance</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>
</tr>
<tr>
<td>Support inspector(s):</td>
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<tr>
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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, 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 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**

<table>
<thead>
<tr>
<th>From:</th>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
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<tbody>
<tr>
<td>01</td>
<td>Residents Rights, Dignity and Consultation</td>
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<tr>
<td>02</td>
<td>Communication</td>
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<tr>
<td>03</td>
<td>Family and personal relationships and links with the community</td>
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<tr>
<td>04</td>
<td>Admissions and Contract for the Provision of Services</td>
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<tr>
<td>05</td>
<td>Social Care Needs</td>
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<tr>
<td>06</td>
<td>Safe and suitable premises</td>
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<tr>
<td>07</td>
<td>Health and Safety and Risk Management</td>
</tr>
<tr>
<td>08</td>
<td>Safeguarding and Safety</td>
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<td>09</td>
<td>Notification of Incidents</td>
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<td>10</td>
<td>General Welfare and Development</td>
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<tr>
<td>11</td>
<td>Healthcare Needs</td>
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<td>12</td>
<td>Medication Management</td>
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<tr>
<td>13</td>
<td>Statement of Purpose</td>
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<tr>
<td>14</td>
<td>Governance and Management</td>
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<td>15</td>
<td>Absence of the person in charge</td>
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<td>16</td>
<td>Use of Resources</td>
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<td>17</td>
<td>Workforce</td>
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<tr>
<td>18</td>
<td>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 2014. At that time the centre was made up of four units. After that inspection, the provider re-configured the units to become two designated centres.

The designated centre comprises of two residential units adjacent to each other. One unit provide a residential service model of care, the other unit provides respite services.

Residents were supported to achieve independence and community participation with
due regard to their abilities and preferences. Residents with an interest in acting and performing were involved in local singing groups and were active members of 'The Blue Teapot' drama group. They had performed in venues throughout Ireland and were proud of their achievements. Other residents attended work and day centre placements based on their assessed person centred goals, skills sets and needs.

Residents spoken with said, 'I love it here, and ya I do feel safe'. Others said 'I feel safe' when they were asked if they liked where they lived. Residents complimented the food in the centre and were supported to achieve weight loss success with some residents gold card members of the local slimming club.

Residents using the respite service during the course of the inspection were equally complimentary. They said, 'it's nice here' when asked by the inspector if they liked to visit.

Personal plans documented 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.

Residents were afforded the opportunity to decorate their bedrooms as they wished and residents were consulted with and informed regarding the running of the centre and any changes within the organisation or policies that would be of benefit for them to know, for example, the complaints and anti-bullying policies.

Some residents living in the residential part of the centre spoke with the inspector throughout the course of the inspection and expressed their desire for the residential service to remain open on a seven day basis. The centre closed two weekends per month which necessitated some residents moving out of the unit and staying in respite accommodation within the organisation.

Overall there was a high level of compliance found. Non compliance was found in outcomes 1 and 4 relating to the complaints procedure, admissions policy and contracts of care.

The findings on inspection are discussed in the body of the report, with actions and provider's response as outlined in the action plan at the end.
### 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):

No actions were required from the previous inspection.

### Findings:

Effective policies and supports were in place to ensure residents received consultation about their care and about the organisation of the centre. Residents expressed their satisfaction with the service provision for both respite and residential units within the centre, however, there was dissatisfaction expressed in relation to the residential service available. Residents wished to have a seven day, full-time residential service. Improvement was required to the complaints procedure to ensure it met with the matters as set out in the care and welfare regulations.

Documented resident meetings were maintained in the centre. Residents’ feedback and opinion was sought, for example, venue ideas for a Christmas night out were one example of a topic discussed. Residents were involved in discussions relating to changes in the premises, for example, plans to fit fire compliant doors in the centre. Their purpose and function were explained to residents in attendance, residents were given an opportunity to ask questions and seek advice during the meeting.

Residents meetings were also opportunities to discuss organisational policies for example, freedom of information, anti-bullying, complaints policy and client protection. These ensured residents were aware of how their rights were supported in the organisation and the options available for them to assert their rights and preferences.

Residents had their own bank accounts with bank cards and individual PIN number.
They had full inclusion and supported autonomy in accessing banking services as they needed. Residents’ that used respite paid a set fee per night of residence. Receipts were issued as proof of payment.

Residents using the respite and residential parts of the centre had their own bedrooms. Bedrooms in the residential setting were personalised to each resident’s taste. A resident had recently moved bedrooms to allow for more storage space of their belongings. Residents had space for privacy and contemplation in the centre. A room on the first floor, in both the respite and residential parts of the centre was available for residents to meet with visitors in privacy and comfort.

Residents and some family members had completed satisfaction questionnaires. These indicated residents and families were happy with the support they received in making choices and decisions. Residents indicated they were listened to and had autonomy in their lives in the most part. Residents told the inspector they loved their bedrooms and felt safe in the centre, one resident told the inspector, ‘I love it here and ya, I do feel safe’.

There was however, some dissatisfaction expressed by residents and their families relating to the residential unit of the centre not open full-time. Residents expressed they did not like having to move out at the weekend and use respite services within the organisation. This was further outlined by two residents spoken with during the course of the inspection. Residents told the inspector, ‘I have to pack my suitcase every Friday, when the centre closes. I have to leave my room’. Another resident said, ‘I hate packing the bag all the time, it’s really sickening’.

Discussions between residents, their families and the organisation, were ongoing in relation to this issue. Financial resources were limited and impacted on a full time service delivery for this unit. The provider had increased the number of weekends the residential unit stayed open per month within the financial budget available. However, despite these improvements residents remained dissatisfied.

The complaints procedure for the centre was not centre specific. It did not identify the nominated person to deal with complaints by or on behalf of the residents. A nominated person to maintain records of complaints, including details of any investigation into a complaint, outcome of complaint, any action taken on foot of a complaint and whether or not the resident was satisfied had not been identified on the procedure.

**Judgment:**
Non Compliant - Moderate

**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:
Residents were supported to communicate at all times in the centre. Effective systems were in place that ensured their individual needs were met.

The organisation had a communication policy. The policy sets out to address the total communication needs of residents. It outlined an approach to be used that created successful and equal communication between people with different language perceptions and/or production.

Residents that required specific communication supports had an individualised communication profile in their personal plan. Some residents were supported through the use of pictures to tell them what activities were planned for the day. Other residents used communication books which were used between the resident’s home, respite and day service. These communication books were in picture format and helped the resident in understanding their planned day.

Policies were in an 'easy read' format for residents and were made available in the centre. Pictures were in use throughout the centre. These directed residents to where plates and cutlery were to be found in the kitchen, for example. There were signs to identify where toileting and bathing facilities were.

Residents had access to state of the art Televisions and stereos in their bedrooms and also in communal areas.

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. Resident’s stay in the respite unit of the service was short and therefore visits did not happen often. However, the person in charge indicated that there was no issue with residents having visitors to the centre. The organisation had a policy on visits to guide best practice.

Residents living in the residential unit of the centre were supported to maintain links with their family. Residents spoken with talked about relationships and were supported to have romantic relationships in line with their wishes and personal preferences. Of the residents spoken with they indicated their plans for Valentine’s day.

Residents living in the residential part of the centre had close links with their local community. They were members of local singing groups, attended Mass and associated liturgical events in the local community centre and were gold card carrying members of the local weight loss group.

Families and residents attended personal plan meetings and reviews. There was documented evidence of their attendance and involvement in residents’ 'circle of support' meetings. During the course of the inspection a resident's family member was facilitated to meet with the inspector to discuss the service their relative was receiving.

Judgment:
Compliant

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:
The residential centre was a five day residential service with weekend respite options for residents to avail of within the organisation. All residents had signed the contract of care pertaining to the residential placement. The inspector did not visit the number of respite centres residents availed of at weekends. Therefore, contracts of care for those placements were not reviewed during this inspection.

There were policies and procedures in place for admitting residents including transfers and discharges. The admissions, including transfers, discharge and the temporary
absence of residents policy did not make express provisions in how to ensure residents,
discharged to other parts of the organisation at weekends, were safeguarded from
abuse from their peers, for example.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Compliance was found on the previous monitoring inspection of the centre, social care
needs for residents met a good standard. Residents’ personal plans were comprehensive
and kept under regular review Resident's personal plans were in a format accessible to
their individual assessed needs. Each resident using residential or respite services had a
copy of the personal plan in an accessible format and located in their bedroom.

Plans reviewed were up to date and indicated follow up review dates of six months.
Plans were created using a person centred process of assessment. The inspector spoke
to a number of residents in both the residential units of the centre. Residents explained
their personal plans which demonstrated their participation and agreement with goals
and support plans in place for them.

Goals were created from issues and aspirations identified by the resident, their
representatives and their key workers collectively. Goals identified were realistic; they
had achievable steps and were geared towards further enhancing the resident’s
independence, actualisation of their potential and catering to specific interests, skills and
talents. Action plans for resident’s goals had detailed steps with realistic timescales.

**Judgment:**
Compliant
Outcome 06: Safe and suitable premises

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 were in line with the centre's statement of purpose. The centre had a high standard of cleanliness. Furnishings throughout were comfortable and the décor was tasteful and modern. A good source of natural and artificial light was observable throughout both units.

Since the previous inspection the provider had installed a spacious shower/wet room on the ground floor of both units within the centre. The size and purpose of which could accommodate specialised bathing equipment to meet the diverse needs of residents.

The kitchens in both the respite and residential units of the centre were spacious, with facilities available for the storage and preparation of food. There was adequate space in the dining areas of both units for residents to enjoy a comfortable dining experience. Living rooms were also comfortable and tastefully decorated with an option for residents to use a smaller living room space on the first floor of each residential unit for private time and contemplation.

Records were available to indicate that equipment in the centre had been serviced as required. Both the residential and respite units had an open fire. There was documented evidence to show the chimney had been swept in the residential unit recently. General and clinical waste was disposed of safely. Residents in both the residential and respite units actively engaged in recycling and suitable disposal units were maintained in the utility of each unit.

Laundry facilities were available to residents, with a washing machine and dryer available for residents to use. Residents’ had adequate storage options in their bedrooms, wardrobes were spacious with bedside lockers available and chests of drawers to maintain personal belongings.

Judgment:
Compliant

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.

Fire extinguishers had been serviced in May 2014. The fire alarm panel had been serviced in December 2014. There was an up to date record of fire drills. Issues of concern were documented after completing fire drills. 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.

Residents spoken with were knowledgeable of the fire exit procedures. During the course of the inspection a fire drill was carried out and the inspector observed residents engage in the fire drill with a prompt reaction. Residents with specific communication needs were supported during fire drills and lamh signs were used to communicate to residents what was expected of them.

Infection control guidelines for the centre were sufficient given the purpose and function of the centre. Colour coded mops 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. Paper hand towels were in use and made for purpose hand wash containers were at located at hand washing facilities. Alcohol hand gels were also located in the centre. There was informative signage over hand washing sinks in the centre to remind residents and staff to wash their hands.

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 themselves.

Residents' client profiles also doubled as missing person profiles. These provided details of the residents' personal information and persons and places pertinent to them that would prove useful in the case of an incident of a search for a missing resident.

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

Findings:
The provider had implemented measures to protect residents from being harmed or experiencing abuse within the organisation the centre was part of.

Residents spoken with indicated they liked living in the residential part of the centre. One resident said of the residential centre, 'I feel safe here', another said, 'I love it here and ya I do feel safe, ya'. Residents said they would talk to one of the staff if they were upset or 'if someone wasn't nice' to them.

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 use of restraint. Staff received training in positive behaviour support. There was evidence to indicate the behaviour support specialist attended staff meetings to ensure staff were updated on changes to residents' behaviour support interventions.

A resident met with the inspector and explained some of the support strategies they used to help their anxiety and stress, which in turn had a positive effect in the reducing the times behaviours that challenge occurred. Behaviour support interventions were meeting the needs of the resident and producing positive outcomes for them.

Periodic service review of incidents of behaviours that challenge, by the behaviour support specialist, provided an audit of the quality of behaviour support interventions and an assessment if they were working or not.

There was an organisational 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 and dignified intimate care practices. They were also well detailed for residents that were independent in most aspects of intimate care, detailing the prompts or the cues the resident may need. Thus ensuring residents maintained their independence as much as possible.
Appropriate action responses were identified in the organisation’s, Safeguarding Vulnerable Persons at Risk of Abuse, policy in responding to allegations of abuse. There were no allegations of abuse under investigation for the centre at the time of inspection. However, subsequent to the inspection, information received by the person in charge resulted in an investigation within the framework of the organisation’s policies and procedures for safeguarding. Notification of allegations made were submitted to the Chief Inspector within the specified time frame and as per the regulations.

The inspector was satisfied that appropriate action had been taken by the person in charge and area services manager (PPIM) in response to the allegations made. Measures were put in place to ensure residents were safeguarded while the allegations were being investigated.

Judgment:
Compliant

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**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 using a computerised system and where necessary notified to the Chief Inspector.

The inspector reviewed incidents and accidents 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

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

Findings:
The inspector found that resident’s general welfare and development needs were proactively supported in the centre. A ‘circle of support’ meeting and a person centred planning process were the methods used to establish residents’ educational, employment and training goals.

There was ongoing review of resident’s social activities and goals through their ‘circle of support’ meetings. Residents were consulted with during this process to ensure they were receiving the support they needed to achieve identified goals.

Residents had opportunities to attend personal development activities suited to their interests and capabilities, for example literacy and computer classes were available to residents. Some residents spoken with told the inspector what they did in their jobs. They explained the positive experiences and benefits their employment brought for them, for example, earning money to save for a holiday.

There was evidence to show residents skills and talents were encouraged and supported. Residents living in the residential unit and with a flair for the arts were actively involved in the local singing group. Some had acted in the ‘Blue Teapot’ drama group and performed in shows throughout Ireland. Residents also had opportunities to engage in hobbies and engaging past times within the centre for example, baking and cookery.

Judgment:
Compliant
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' weights and Body Mass Index (BMI) was monitored routinely. A healthy eating regimen was in place, residents that required support to lose weight and/or maintain a healthy weight attended local slimming groups and had achieved good success. During the course of the inspection, meals cooked were nutritious, served warm and smelt appetising. The mealtime preparation experience was inclusive of residents with due regard to their skills and abilities.

Residents had a good understanding of healthy food options, weight and the importance of exercise and optimal health. Residents using the respite services of the centre were observed making healthy snacks. Food preparation facilities in the respite unit of the centre were optimal also. Food supplies were also in good supply and suitably varied. Residents with food intolerances or allergies were catered for and a supply of non dairy options and gluten free foods were available.

Residents had up to date hospital passports, (as required) which gave detail in relation to their health care needs and the supports they would require on an emergency or planned admission to hospital.

From the sample of care plans reviewed, residents had up to date yearly health checks and there was evidence that the health care outcomes had been reviewed at residents' case reviews.

**Judgment:**
Compliant

<table>
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<th><strong>Outcome 12. Medication Management</strong></th>
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<td>Each resident is protected by the designated centres policies and procedures for medication management.</td>
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<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
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<tbody>
<tr>
<td>The action(s) required from the previous inspection were satisfactorily implemented.</td>
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Findings:
All social care workers had completed medication management training.

Medication prescriptions were transcribed from prescription charts with a copy of the original prescription kept on file. There was a policy to guide staff in relation to transcribing.

Medications were securely stored in a locked cabinet and security measures had been implemented. A log was maintained and updated as residents were prescribed or received prescriptions. Staff had received training in administration of medication used for treating seizures.

Residents were encouraged to be independent with self administration of medication. There was an organisational self administration policy. It guided staff in relation to carrying out an assessment to evaluate resident's ability to self administer medication.

Staff were aware of procedures to be followed in the case of a soiled or rejected medication. Medication that was out of date was appropriately managed in line with organisational policy and procedures.

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):
No actions were required from the previous inspection.

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

Findings:
The person in charge was a suitably qualified person with relevant experience commensurate to her role.

The inspector conducted an interview with the person in charge during the inspection. She gave a good outline of what she would do in the event of a fire and in response to an abuse allegation reported to her. The person in charge had worked for a number of years in the centre and demonstrated good knowledge of residents and organisational procedures.

The inspector noted that actions given in the previous inspection report, relevant to the person in charge, had been completed comprehensively. She was supported to do so by the area services manager, who was also a person participating in management (PPIM).

The person in charge had also been present for resident meetings to ask questions and hear their feedback. Residents and staff were familiar with the person in charge and were at ease in her company. They indicated they could approach her if they had a complaint or issue.

The person in charge received supervision and support from the area service manager or PPIM. They assisted the person in charge and inspector during the course of the inspection and demonstrated a good knowledge of the running of the centre.

The person in charge worked in a full-time post. These hours included sleep over time in the centre and working on roster.

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 been on leave for more than 28 days. A notification had been sent to the Chief Inspector in relation to this outlining the arrangements in place during her absence and notified of her return.

The centre had been suitably managed in her absence.

**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

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

**Findings:**
The inspector satisfied was that there was enough staff working in the centre during the two days of inspection.

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, medication management, manual handling, hand hygiene, client protection, communication champion training and fire safety.

Staff working in the centre during the course of the inspection demonstrated a good knowledge of residents and their personal plans. The inspector observed residents being supported in a respectful way that maximised their independence and participation in the running of the centre, for example, helping to make the evening meal, making visitors a cup of tea and setting the table for meals.

**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.

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.

Personal plans for residents were up to date and gave a good reflection of the care practices and interventions that were in action for each resident at the time of inspection.

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>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004060</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>03 February 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>30/03/2015</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, 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:
Some residents living in the residential part of the centre, expressed their dissatisfaction that the centre was not open seven days a week every week.

Action Required:
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
accordance with his or her wishes, age and the nature of his or her disability,
participates in and consents, with supports where necessary, to decisions about his or
her care and support

**Please state the actions you have taken or are planning to take:**
A detailed proposal was submitted to the Director of Client Services with regard to
opening seven days a week. Following consideration by the Director of Client Services,
further work on the proposal has been requested and on receipt, the Director of Client
Services will provide same for consideration by the Chief Executive and Senior
Management Team at a meeting on 15th April.

**Proposed Timescale:** Proposal submitted by 25/03/2015, further submission required
by latest 14/04/2015

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<th>14/04/2015</th>
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<td><strong>Theme:</strong></td>
<td>Individualised Supports and Care</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A person nominated to deal with complaints by or on behalf of residents was not
identified on the complaints procedure for the centre.

**Action Required:**
Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not
involved in the matters the subject of a complaint is nominated to deal with complaints
by or on behalf of residents.

**Please state the actions you have taken or are planning to take:**
A procedure has been put in place locally whereby a staff member has been nominated
to deal with complaints by or on behalf of residents; the person was chosen with input
from residents. Information is now displayed in both houses and information is being
provided to residents.

**Proposed Timescale:** 31/03/2015

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A person nominated to ensure that all complaints were appropriately responded to and
with a responsibility to ensure records of all complaints were maintained, had not been
identified on the procedure.

**Action Required:**
Under Regulation 34 (3) you are required to: Nominate a person, other than the person
nominated in Regulation 34(2)(a), to be available to residents to ensure that all
complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
(a) As noted earlier, a procedure has been put in place locally in this regard with a nominated person. This is now included in a documented local procedure and includes how complaints are responded to and recorded. Detail of this is being provided to residents.
(b) The organisational draft complaints policy and procedure has been amended accordingly in line with this and the draft policy was approved by the Policy Advisory Group on 25 March 2015; the draft policy will be provided to the Board of Directors for approval on 30 March 2015; following this, the updated policy and procedure will be circulated.

Proposed Timescale: (a) Completed by 31/03/2015;
(b) To be completed by 10/04/2015

Proposed Timescale: 10/04/2015

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 admissions, including transfers, discharge and the temporary absence of residents policy did not make provision to ensure residents, discharged to other parts of the organisation at weekends were safeguarded from abuse from their peers.

Action Required:
Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

Please state the actions you have taken or are planning to take:
(a) A new contract of care specifically in relation to respite services has been developed and has been approved by the Policy Advisory Group on 25 March 2015. This contract sets out the services to be provided, safeguards and fees which are charged. The contract will be distributed to all residents/family members availing of respite in any of the organisation’s services, a schedule will be maintained regarding return of signed contracts.
(b) The policy and procedures in relation to admissions, transfers, discharge and temporary absence of residents is under review and an amended policy and procedure will be presented for consideration to the Policy Advisory Group Meeting on 7 May 2015; the draft policy will be brought to the Board of Directors at the end of May and following approval, the policy will be circulated.

Proposed Timescale: (a) To be distributed by 01/04/2015;
(b) Completed by 31/05/2015
Proposed Timescale: 31/05/2015