### Health Information and Quality Authority Regulation Directorate

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<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-0004069</td>
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<td>Centre county:</td>
<td>Galway</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>Ability West</td>
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<tr>
<td>Provider Nominee:</td>
<td>Breda Crehan-Roche</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Lorraine Egan</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<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>4</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</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: 27 January 2015 10:20
To: 27 January 2015 20:10
28 January 2015 09:00 28 January 2015 18:45

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

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Summary of findings from this inspection
This was the first inspection of this designated centre which is a respite service which provides support for a maximum of five residents at any one time. Support is currently offered to 19 respite users and frequency and length of stay is determined in response to individual’s assessed needs. Part of the centre is used as a day centre during the day Monday to Friday when residents are not in the centre.

As part of this inspection the inspector met with residents, staff, the person in charge of the centre and a person participating in management. The inspector reviewed a variety of documents including residents’ personal plans, medication documentation,
staff files, risk management procedures, emergency plans, equipment servicing records, and policies and procedures.

Prior to and following this inspection the inspector reviewed a number of questionnaires submitted by residents and their family members. These questionnaires outlined residents and their family members’ satisfaction with the service provided.

The person in charge demonstrated competency in relation to her role throughout the inspection. In addition, both the person in charge and the person participating in management demonstrated knowledge of their responsibilities under the Regulations.

There was evidence of good practice in all areas. However, improvements were required to the measures in place to provide appropriate privacy and safeguarding for residents belongings, the provision of a contract for each resident which outlines the terms on which the resident shall reside in the centre, the identification and response to some residents’ specific support needs, the identification of some risks in the centre, the procedures in place for supporting residents to manage their money, the measures in place for supporting residents in relation to their oral hygiene, the provision of some specific training for staff to meet the assessed needs of residents, medication documentation and the systems in place to ensure staff files met the requirement of Schedule 2 of the Regulations.

The findings are discussed in the report and the actions required are included in the action plan at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that residents were consulted about how the centre was operated and residents’ feedback was sought and informed practice in the centre. For example, residents had regular meetings with their ‘circle of support’ to identify the supports they needed to achieve what they wanted to achieve in their lives.

Weekly meetings had commenced in February 2014 to consult with residents regarding their preference in areas such as activities and choice of restaurants for eating out. Meetings took place on Saturdays and there was evidence residents were supported to participate in line with their individual needs. The person in charge told the inspector she was planning to hold these meetings during the week to ensure residents who did not stay in the centre at weekends had the opportunity to participate.

There was evidence residents were supported to access activities in line with their individual needs and wishes. Residents were supported to access activities both in the local community and in the community in which they lived when they were not availing of respite in the centre. For example, residents were supported to do their grocery shopping in the town they lived in.

Residents had access to an internal service user’s council. Meetings took place on an annual basis and all residents were invited to attend. The most recent meeting took place in September 2014. Seven of the nineteen residents who used this centre had attended the meeting. Issues discussed at this meeting included those relating to living options, day programmes and residents’ understanding of organisational and national policies and procedures. For example, residents’ understanding of the government policy
on new directions for day service provision had been discussed.

The person in charge told the inspector that residents would be supported to access independent advocacy services if required. She said this would be sourced through the national advocacy service.

There were measures in place to ensure residents’ rights were not restricted. Residents’ personal plans showed that identified restrictions had been referred to the organisation’s rights review committee. Some restrictions had been referred in August 2014 and required follow up to ensure these were reviewed by the committee. The person in charge told the inspector she would address this.

Residents’ privacy and dignity was respected and residents had access to private space to meet with visitors in private if they wished. The inspector observed staff interacting with residents and saw that it was respectful. The language used by staff and in documentation was respectful of residents.

Not all aspects of residents’ privacy was respected. Residents’ bedroom doors were not locked and were easily accessible by people accessing the day centre and day centre staff. In addition, residents did not have lockable storage facilities to store items if they so wished.

The centre had procedures in place for managing complaints. The complaints received were documented clearly and complaints had been addressed by the person in charge. An easy to read version of the complaints procedure was available.

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):
This was the centre’s first inspection by the Authority.

Findings:
Residents were supported to communicate and systems were in place that ensured residents’ individual needs were met. The organisation had a communication policy as per the requirements of Schedule 5 of the Regulations. The inspector was told the policy was in the process of being updated as it did not accurately outline some methods of communication used with families and residents.
Residents who were assessed as requiring support to communicate had an individualised communication plan. The plans documented the resident’s comprehension abilities and their preferred style of communication, for example the use of gestures, eye contact, spoken language, sign language or aids such as a picture exchange system.

Staff had received training in using a sign language ‘Lámh’ which was used by some residents. The inspector saw staff and the person in charge using this sign language with residents. It was evident residents were supported and encouraged to expand their use of the sign language. A resident had been supported to be a ‘peer leader’ in the use of the sign language in his day service and a ‘sign of the week’ was in place which was used to increase residents’ use of the sign language and thus increase their ability to communicate.

Relevant policies were in an ‘easy read’ format for residents and were made available in the centre. Residents’ personal plans were available in pictorial format. Photographs were used to indicate which staff members were working in the centre on a given day and to assist in menu choices. Pictures were used to indicate the location of rooms and items in the kitchen. Pictures and sign language were also used as part of fire drills and as an aid in assisting residents to understand when the centre needed to be evacuated.

Two staff members were undertaking ‘Communication Champion Training’ which was provided by the organisation’s speech and language therapy department. The aim of the training was to train staff to enhance the communication environment for residents.

Some residents were supported, through the use of pictures, to indicate the activities they would like to take part in. Residents had access to radio, television and were supported to access the internet.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was evidence that residents were supported to develop and maintain relationships with family and friends.

Families were invited to attend and participate in residents’ ‘circle of support’ meetings.
and case review meetings. There was evidence that families were kept informed and updated of relevant issues where the resident wished for their family to be involved. Communication tools such as communication books had been implemented to keep some families up to date regarding the welfare of their family member.

There was evidence of input from the social worker in regard to supporting residents’ family connections. For example, the inspector saw that a resident received an increased number of days in the centre to support them to remain living with family.

There were adequate facilities for residents to meet with family members and friends in private and residents were supported to access activities in the local community.

**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):**
This was the centre's first inspection by the Authority.

**Findings:**
The person in charge told the inspector that all admissions to the centre take place on a planned basis. She outlined the ways in which residents would be supported to visit the centre prior to staying at the centre. Questionnaires received from residents’ relatives outlined the ways in which residents and their relatives were supported to visit the centre prior to the resident staying in the centre. Admissions taking place were individualised to each resident’s needs.

There was a policy in place to guide staff practice in regard to admissions to the centre. The policy outlined specific guidelines in respect of admissions to the respite centre. There was a policy on discharge from the centre and the person in charge outlined recent discharges which had taken place.

Residents did not have a written agreement of the terms on which the resident shall reside in the centre. The inspector was told there was a draft agreement in place and the person in charge said the centre would be ensuring that all residents were issued with a written agreement which sets out the services to be provided and fees which are charged.
Judgment:  
Non Compliant - Major

**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):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
Residents had individual personal plans, which outlined their requirements in relation to their social care needs.

Assessments had been carried out in a number of areas, which were used to assist residents in identifying goals. Residents were supported in achieving their goals in a collaborative way with the involvement of family, key personal contacts, the person in charge, relevant clinicians and allied health professionals, and staff members from both the residential service and the day service.

Circle of support meetings regularly took place and these meetings were attended by the resident and all relevant people with clearly documented minutes of discussions and actions agreed as contained in residents' personal files. There was evidence that personal plans were being reviewed and that residents were involved in the review.

Improvement was required to the assessment and response to some residents’ needs. The inspector found that some needs, such as the requirement for bereavement support, had not been responded to. Other needs, such as sexualised behaviour, were identified as behaviours that challenge and supports such as those relating to relationship and sexuality education had not been provided for the resident.

**Judgment:**  
Non Compliant - Moderate
### 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre is a purpose built building comprised of two storeys and is located in a small town. The first floor of the centre and part of the ground floor were used by a day centre which was based in the building. The sitting room, dining room and kitchen were shared by the day service and the respite centre. Resident bedrooms were located on a separate corridor.

The centre had been designed around the assessed needs of residents with assistive equipment available for residents where required. Corridors and doorways were wide and could accommodate wheelchair users.

Each resident had an individual bedroom and access to shared bathroom facilities. Bedrooms were suitably decorated and some residents had personalised their rooms for the duration of their stay. A resident spending an extended period in the centre had a television in their bedroom.

Records showed the assistive equipment had been serviced as necessary. The heating system was geothermal and there were solar panels to provide hot water. Thermostatic controls were in place to regulate the temperature of the water and to ensure residents were protected from risk of scalding.

The sitting room and dining area required improvement as although it was adequately clean and furnished it was not homely. The lighting in the communal areas was fluorescent and commercial like blinds and flooring were in use. The centre lacked curtains and soft furnishings. This had been identified by a person participating in management as part of the report arising from a recent unannounced visit to the centre. The person in charge said it was her intention to address this and outlined ways in which she would ensure the centre would be more homely in feel such as the provision of colourful cushions, blankets, curtains and photographs of the residents.

**Judgment:**
Substantially 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were systems in place to promote and protect the health and safety of residents, visitors and staff. A risk management policy was in place and there were systems to identify and manage risks in the centre. Some improvement was required to the identification of risks as the inspector identified some risks which had not been identified.

The risk management policy identified the procedures for the identification and management of risk in the centre. There was a safety statement and risk register which set out the risks in the centre and the associated control measures.

Residents had individual risk assessments which outlined the risks individual to residents and the measures in place to control the risks. For example, risks such as self injury and risks relating to transport, activities and environmental restraints had been assessed and responded to.

Some risks were identified by the inspector which had not been identified or responded to. These risks related to the storage of mops outside which posed a risk of infection control, the lack of incoming and outgoing times detailed in the visitors book, resident bedroom doors which could be easily accessed by staff and people using the day centre and the lack of a formal on call system.

There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were maintained.

Systems were in place for health and safety audits to be carried out on a routine basis. For example, daily, weekly and monthly checks carried out by the person in charge and staff.

There was an emergency plan which guided staff regarding the evacuation of the centre in the event of a fire or other emergency. A short term contingency plan was in place in the event of a loss of heating or water, a burst pipe in the centre or a bomb threat. The measures to be taken by staff were clearly outlined in this plan.

The centre had a fire and intruder alarm. A CCTV system was in place to provide an overview of the entrances and exits of the centre and the external grounds.
Residents had individual personal emergency evacuation plans which outlined residents support needs in the event of an evacuation of the centre.

Systems were in place for the prevention and detection of fire. Training records showed that staff had received fire safety training. Regular fire drills were carried out and documented. This included fire drills when only one member of staff was present. Good documentation was maintained in relation to each drill to evacuate the centre.

The inspector reviewed the maintenance and servicing records for the alarm and fire equipment and found that they had been serviced as required.

There was a vehicle for residents to use at weekends and in the evenings. Documentation viewed showed that this vehicle had been serviced and had passed a test to state it was roadworthy. The vehicle was insured and a list of staff included in the insurance to drive the vehicle was maintained with a copy of each staff members driving licence.

**Judgment:**
Non Compliant - Moderate

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**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

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

**Findings:**
The centre had implemented measures to protect residents being harmed or suffering abuse. However, improvement was required to the measures in place for supporting residents to manage their money.

There was a policy and procedures in place for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse. Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Staff and the person in charge were aware of this person and knew how and when to contact them.
The inspector saw documentation which showed that residents had been supported to understand bullying. Some residents had identified peer to peer bullying as a concern in ‘service users’ council’ meetings in the three years prior to 2014. The inspector saw evidence that the organisation had implemented measures to address these concerns including training resources such as a DVD and an outline of what residents should do if they feel they are being bullied. Bullying was not raised as a concern in the most recent ‘service users’ council’ meeting in September 2014.

There was a policy and procedures in place for the provision of intimate care and residents had individual intimate care plans which identified the supports residents required.

Residents requiring support with behaviours that challenge had support plans in place. The inspector viewed a sample of these and found that they clearly outlined the supports the resident required and included an outline of relevant documentation to be read in conjunction with the behaviour support plan. For example, plans referenced the importance of reading the applicable risk assessments and protocols for the use of restraints. Behaviour support plans were comprehensive and included an outline of the behaviour of concern, the predictors of the behaviour, an analysis of the behaviour and behaviour support guidelines. Measures outlined to support residents included reference to the importance of familiarity of staff with residents. All behaviour support plans were signed by staff to indicate they had read and understood the support plans.

Some residents were prescribed restrictive procedures as part of the management of their behaviours that challenge. Where physical restraint was prescribed it was evident that this was used only as a last resort. Staff spoken with were clear regarding the measures in pace to support residents with their behaviours that challenge and to ensure residents’ behaviours did not escalate.

Improvement was required to the measures in place to support residents to manage their money. The inspector reviewed the centre’s policy and found that it did not provide adequate guidance for staff. It stated that ‘local practices’ should be followed but there were no documented local practices in the centre. The inspector viewed a sample of residents’ finances and found improvements were required. A till receipt was not maintained for all purchases and not all entries on receipts written by staff were consistent with the entry in the ledger. For example, a ledger entry identified a specific amount had been withdrawn to purchase a concert ticket and this was inconsistent with the entry on the written receipt. In addition, residents had not signed to confirm money which they had withdrawn and for which there was no till receipt.

**Judgment:**
Non Compliant - Moderate
### 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
A record of all incidents occurring in the designated centre was maintained and all incidents had been notified to the Authority as required.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Residents were supported to access education and training programmes and all residents were accessing day supports. The centre supported residents to access the day programme they attended when living at home by providing transport.

Residents were supported to access activities in the evenings and at weekends in line with residents’ wishes.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Residents were supported to achieve and enjoy the best possible health. The inspector viewed a sample of residents’ personal plans which showed that residents’ health needs were being identified and responded to. As residents lived with family members and attended the centre for respite breaks their healthcare needs were supported by their families and the centre had relevant information such as the results of appointments and any supports the residents required.

Residents were supported to access their general practitioner (GP), dentist and allied health professionals such as speech and language therapists, occupational therapists and physiotherapists as required.

Food was available in adequate quantities and residents were supported to make healthy food choices. Residents were observed preparing their meals and residents said they enjoyed this. Residents were supported to do their food shopping in the local town or in the town where they lived with their families.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

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

**Findings:**
There was a policy and procedure in place relating to the ordering, prescribing, storing and administration of medication to residents. The policy had been reviewed and the
The inspector was told staff would be briefed on the changes to the policy.

The inspector observed staff administering medication. Staff demonstrated good infection control practices and good medication administration practices.

Resident personal plans included an outline of residents’ preferences in regard to the administration of their medications. These were specific to each resident and clearly outlined the way in which the resident preferred to have their medication administered to them and any issues of concern which staff needed to be aware of.

Staff had received training in the administration of medication which included training in administering a medication which would be used in a specific medical emergency. However, the inspector found that a resident was prescribed an alternative medication to be used in the event of a specific medical emergency and staff had not received training in the administration of this medication. This was brought to the attention of the person in charge who told the inspector that training in administering this medication would be provided. The action related to this is included in the action plan under outcome 17.

A sample of prescription sheets were viewed by the inspector. Some prescription sheets did not contain the specific time medication was to be administered and some prescribed medications on one prescription sheet contained a general practitioner’s surgery stamp but did not contain the signature of the prescriber.

**Judgment:**
Non Compliant - Moderate

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There is a written statement of purpose that accurately describes the service that is 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.

**Judgment:**
Compliant
Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

Findings:
The centre had a clearly defined management system in place with clearly defined roles of authority and accountability however, improvement was required to the frequency of unannounced visits to the centre by the provider and to the system for providing out of hours support to the centre in the absence of the person in charge.

The person in charge worked alongside members of staff in delivering the service to residents. The person in charge’s direct line manager was present on the day of inspection and both she and the person in charge told the inspector that there was good communication across all levels of the organisation.

There was evidence of good communication between the person in charge and her direct line manager. Regular supervision had taken place and a range of issues had been discussed.

The person in charge demonstrated responsiveness throughout the inspection and addressed areas of non-compliance highlighted to her by the inspector. The inspector interviewed the person in charge and found she was knowledgeable of the legislation and her statutory responsibility. Residents were observed interacting with the person in charge and it was evident they knew her well.

The inspector interviewed the person participating in management and found that she was knowledgeable of the residents, the centre, the legislation and her statutory responsibility. She told the inspector she provides governance for the centre in the absence of the person in charge.

The provider had implemented an auditing system to audit the centre in relation to the 18 outcomes as set out by the Authority, residents’ personal plans and goals, finances, behavioural guidelines, restrictive practices, safety and staff training. There was evidence issues had been identified and responded to.

The person participating in management had carried out two unannounced visits to the
centre in December 2013 and November 2014. She had also carried out announced visits to the centre in March 2014 and June 2014. It was evident that issues had been identified and responded to. Improvement was required to the frequency of the unannounced visits to the centre as it was not in line with the requirement of the Regulations which require the provider, or a person nominated by the provider, to carry out an unannounced visit at least once every six months.

Improvement was required to the system for providing out of hours support to the centre in the absence of the person in charge. The inspector was told by the person in charge, the person participating in management and staff that the person in charge is contacted in the event of an emergency. This was not a formal arrangement and the risks relating to this had not been assessed. The action relating to this is included in the action plan under outcome 7.

Judgment:
Non Compliant - Moderate

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge had not been absent from the centre for a period which required notifying to the Authority. The person participating in management was aware of the requirement to notify the Authority if the person in charge was absent from the centre for a period of 28 days or more.

The inspector was told that a social care worker is on duty in the centre in the absence of the person in charge. The social care worker takes responsibility for the organisation of the centre in regard to responding to residents’ needs. The person participating in management takes responsibility for the person in charges role in the absence of the person in charge.

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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the centre’s Statement of Purpose.

The inspector noted appropriate staff numbers available and all residents were supported throughout the two day inspection.

The premises had been maintained to an adequate standard and appropriate equipment provided as required. The inspector found that the designated centre had the use of a vehicle which was seen being used on inspection.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The staff rota was arranged around the assessed needs of residents. Formal supervision was taking place on a quarterly basis and there was evidence that agreed actions were being implemented. The person in charge was working alongside and informally supervising staff on an ongoing basis. Improvement was required to the documentation maintained in staff files and the provision of a specific training for staff.
Staff had received training in a number of areas including fire prevention, the prevention, detection and response to abuse, moving and handling, the safe administration of medication and in the administration of one medication prescribed in the event of a medical emergency. However, the inspector found that staff had not received training in the administration of a medication which one resident was prescribed in the event of a specific medical emergency.

The inspector viewed a sample of staff files and found that one file did not meet the requirements of Schedule 2 of the Regulations as it did not contain a full employment history. This was brought to the attention of the person in charge who addressed this on the day of the inspection. Improvement was required to the systems in place to ensure that all staff files met the requirements of the Regulations as outlined in Schedule 2.

There were no volunteers working in the centre.

Judgment:
Non Compliant - Moderate

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):
This was the centre’s first inspection by the Authority.

Findings:
Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to residents, staff and visitors. The insurance policy included insurance for residents’ personal items.

The centre had all of the written policies as required by Schedule 5 of the Regulations.

There was a guide to the centre available to residents which met the requirements of the Regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for resident involvement in the running of the centre, how to access inspection reports, the procedure for respecting complaints and the
arrangements for visits.

The inspector viewed the directory of residents and found that improvement was required. Some residents’ next of kin phone numbers were not included as required by the Regulations.

Improvement was required to documentation to ensure residents were receiving support with their oral hygiene in line with their needs. The inspector saw reference to oral hygiene in residents’ intimate care plans, however these were not adequately detailed and did not outline the specific support residents required.

**Judgment:**
Substantially Compliant

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Lorraine Egan  
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>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004069</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>27 and 28 January 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27 March 2015</td>
</tr>
</tbody>
</table>

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:

Not all aspects of residents' privacy was respected. Residents’ bedroom doors were not locked and were easily accessible by people accessing the day centre and day centre staff. In addition, residents did not have lockable storage facilities to store items if they so wished.

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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 09 (3) you are required to: Ensure that each resident’s privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
In terms of residents’ privacy being respected and security of personal items, a review of lockable storage facilities to store items if a resident so wished has taken place; arrangements are underway to have suitable thumb locks on bedroom rooms and locks for bedside lockers. This work is to be completed by 31 March 2015.

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

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**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:**
Residents did not have a written agreement of the terms on which the resident shall reside in the centre.

**Action Required:**
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**
A new contract of care has been developed and is being presented to the Policy Advisory Group on 25 March 2015. This contract sets out the services to be provided and fees which are charged. Following approval, the contract will be distributed to all residents/family members availing of respite.

**Proposed Timescale:** 30/04/2015

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**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some residents’ needs had in some cases not been responded to and in other cases had not been not provided.

**Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.
Please state the actions you have taken or are planning to take:
(a) Response to residents’ needs, i.e. requirement for bereavement support – this is being addressed through a team meeting with day and respite service staff which the residents attend. From this meeting a plan will be formulated to provide bereavement support to the service users.
(b) Response to residents’ needs, i.e. supports such as those relating to relationship and sexuality education – this is being addressed by the service user being included in the next round of training on sexuality and relationships; this training is to be completed on a modular basis (8 modules plus assessment).

Proposed Timescale:
(a) 30/04/2015;
(b) 30/09/2015

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The sitting room and dining area were not homely.

Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:
Additional soft furnishings such as curtains, cushions, throws, photographs, lamps have been purchased and are now in place. This was completed with the assistance of residents in shopping for such items.

Proposed Timescale: 27/03/2015

Outcome 07: Health and Safety and Risk Management
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some risks had not been identified or responded to.

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

Please state the actions you have taken or are planning to take:
(a) Risk relating to storage of mops outside which posed a risk of infection control – risk
register was updated on 28 January 2015 to reflect this.
(b) The lack of incoming and outgoing times detailed in the visitors’ book – the visitors’ book was updated on 28 January 2015 to reflect time in and time out for visitors; risk register has been updated to reflect this on 28 January 2015.
(c) In the event of an emergency arising at night or when a staff member is working alone and where additional support is required a risk assessment has been completed and further control measures have now been put in place. In practice the Senior Social Care Worker or staff on duty in the service takes the lead role when the Person in Charge is off; in the event of an emergency arising, the senior staff on duty will contact another team member or a relief worker and have them come on duty to assist in dealing with the emergency. Ability West will now have in place a clustering arrangement with neighbouring centres, i.e. Pine Services is now clustered with Macotar Services and Oak Services and the staff on duty can call another person on duty in the cluster for assistance, who can also contact the Person in Charge, Area Services Manager/Person Participating in Management, and if not available, can contact the Senior Management Team Members/Chief Executive where necessary.

Proposed Timescale: 30/04/2015

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The measures in place for supporting residents to manage their money were not robust.

Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
(a) With regard to receipts, practices are now in place to include receipts/vouchers for all purchases, and revised system has been put in place for sign off by staff member and service user (if possible) regarding withdrawals in the event that there is no receipt/voucher. Internal audit process in place by Person in Charge on the management of residents’ personal finances. This outcome will also be examined as part of the Registered Provider Unannounced Visits.

(b) This Designated Centre is developing a localised document which will include specific guidelines for staff when supporting residents to manage their money.

Proposed Timescale: 24/04/2015

Outcome 12. Medication Management
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents' prescription sheets did not contain all information as required to ensure that the prescribing procedures were robust.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
With regard to prescription sheets which did not contain the specific time medication was to be administered, this was rectified by informing family members that this must be included and they attend to same with the G.P.

With regard to the prescription sheet which contained a general practitioner’s surgery stamp but did not contain the signature of the prescriber, this was rectified with the signature of the prescriber on 29 January 2015. A reminder has been provided to all staff to review this on admission of residents to respite; this was undertaken at a staff meeting.

The Director of Client Services has sent a letter to all families to set out the requirements with Ability West’s medication policy that complies with Regulations.

As part of Ability West’s Medication Policy and Procedures, monthly audits are to be completed by Person In Charge.

As part of the unannounced Registered Provider visits this will include a review of a sample service users’ prescription, medication logs and medication sheets and outcome of this will form part of the report as a result of the unannounced visits.

**Proposed Timescale:** 30/04/2015

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider, or a person nominated by the provider, had not carried out an unannounced visit to the centre at least once every six months.

**Action Required:**
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**
It is acknowledged that during 2014 one unannounced visit took place, along with a number of announced visits (some of which were within 24 hours notice), and for 2015 one unannounced visit has taken place. The Registered Provider has put plans in place regarding a schedule of unannounced visits to ensure that at least two unannounced visits are carried out during 2015 and within the timescale of at least once every six months. This schedule has been developed and is in place.

**Proposed Timescale:** 27/03/2015

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
One staff file did not meet the requirements of Schedule 2 of the Regulations as it did not contain a full employment history. Improvement was required to the systems in place to ensure that all staff files met the requirements of the Regulations.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
All staff files were reviewed on 27 January 2015 and now meet the requirements of Schedule 2 Regulations. As part of the unannounced Registered Provider visits this will include a review of a sample of staff files, and outcome of this will form part of the report as a result of the unannounced visits.

**Proposed Timescale:** 27/03/2015

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff had not received training in the administration of a medication which one resident was prescribed in the event of a specific medical emergency.

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

**Please state the actions you have taken or are planning to take:**
Training has been scheduled for the current medication trainers on 30 March 2015 with regard to epilepsy management; the trainers will then roll this out to the service and complete training with staff.
Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents’ next of kin phone numbers were not included in the directory of residents.

Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Directory of residents reviewed and amendments made regarding details of next of kin phone numbers, this was completed on 29 January 2015.

Proposed Timescale: 27/03/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The support required by residents in regard to their oral hygiene was not adequately detailed and did not outline the specific support residents required.

Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
Key workers have been instructed by the Person in Charge to review intimate and personal care plans so that they include adequate information regarding oral hygiene. This has been completed.

Proposed Timescale: 27/03/2015