<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ability West</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004105</td>
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<td>Centre county:</td>
<td>Galway</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>Ability West</td>
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<tr>
<td>Provider Nominee:</td>
<td>Breda Crehan-Roche</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O'Neill</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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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>7</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
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>
<th>To</th>
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<tbody>
<tr>
<td>05 March 2015 10:50</td>
<td>05 March 2015 19:40</td>
</tr>
<tr>
<td>06 March 2015 09:50</td>
<td>06 March 2015 17:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

|------------------------------------------------------|---------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|-------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|

**Summary of findings from this inspection**

This was the second inspection of this centre the purpose of which was to inform a registration decision. A monitoring inspection was carried out in 2014.

The provider had applied for the centre to have two full-time persons in charge, one per residential unit. A change to the governance and management arrangements was made during the course of the inspection, by the provider, to make the person in charge of the smaller residential unit, a person participating in management. The provider also updated the statement of purpose to reflect this change which was submitted to the Chief Inspector during the course of the inspection.
The designated centre comprises of two residential units a short distance from each other. One unit comprised of a two storey residence for two residents. The other residential unit was a single story bungalow which provided residential accommodation for five residents. Some parts of the residence had been adapted to meet the needs of residents with visual impairment and mobility requirements.

Residents were supported to achieve independence and community participation with due regard to their abilities and preferences. Residents with an interest in advocacy were involved in 'Service User Council'. Other residents attended work and day centre placements based on their assessed person centred goals, skills sets and needs.

Residents spoken with said of their bedrooms, 'It's great I can move around no bother' and demonstrated to the inspector how they could use the facilities in the centre independently. Others said, 'things have really improved for me since I've come here. I'm really happy here I have to say', when they were asked if they liked where they lived.

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 procedures for the centre.

Some residents required end-of-life supports. This required the administration of controlled medications for pain management and specific care planning. The inspector found these practices were in place however, organisational policies were not in place to guide staff on best practice and non-compliance was found in relation to Outcomes 12 and 18, medication management and records and documentation. Staff also required support and training to ensure they had the skills to provide evidenced based end-of-life care practices for residents in the centre that required them. This led to non-compliance for Outcome 17.

Overall there was a good level of compliance found in each outcome. The findings on inspection are discussed in the body of the report, with actions and provider's response outlined in the action plan at the end of the report.
**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:**
From the sample of satisfaction questionnaire’s completed by residents they expressed their satisfaction with the service provision they received. Verbal feedback given during the course of the inspection also highlighted residents’ satisfaction with the service provided. One resident said, ‘things have really improved for me since I’ve come here. I’m really happy here I have to say’.

Documented resident meetings were maintained in the centre. Residents’ were consulted and asked for their feedback and opinion on various items pertaining to the service they received. A recent example was the complaints procedure for the centre.

Bedrooms were personalised to each resident’s taste. Residents had space for privacy and contemplation in the centre. There was adequate space available for residents to meet with visitors in privacy and comfort in both residential units. Bedrooms and bathing facilities had provision for privacy and storage of personal belongings to meet the needs of residents. Residents could lock their bedroom doors and the inspector observed staff respecting residents’ wishes in relation to their personal space remaining private.

Activities available in and out of the centre were age appropriate and reviewed regularly through consultation with residents. During the inspection the inspector observed residents participate in activities in the evening time that suited their interests, for example, going to the theatre, engaging in exercise programmes or taking a rest after work. Residents' civil and religious rights were also supported in the centre. Residents were supported to vote in local elections and attend liturgical events in their local community and part of family celebrations.
Residents had opportunities to meet visitors in the centre. A visitor book was maintained and there was an organisation specific policy and procedures to support this practice as required in Schedule 5 of the Regulations. Residents had the opportunities to meet visitors in private if they wished and were facilitated to visit family and friends.

Residents had their own bank accounts with bank cards and individual PIN numbers. They had full inclusion and supported autonomy in accessing banking services as needed. Residents were not expected to pay subsistence for staff that supported them to participate in activities. This was outlined in each resident's contract of care and also in organisational policies and procedures relating to residents finances.

Residents had access to advocacy services and leaflets from an advocacy service with contact details were available in both residential units. There was also a service user council in place which was representative of service users throughout the organisation. This had been in place since June 2010. The council had a number of members and met regularly with the main purpose of being a representative voice for residents and having a meaningful forum by which issues of common interest were discussed. Council members regularly met with the senior management team and other groups within the organisation.

Effective policies and supports were in place to ensure residents received consultation about their care and about the organisation of the centre. In an effort to make consultation procedures more centre specific and in an accessible format, in line with residents’ age and abilities; the management team had consulted with residents and asked them who they would nominate as the person they would go to with a complaint.

In each of the residential units residents identified specific staff members as nominated complaints officers for them. Photographs of the staff members nominated had been laminated and placed in a prominent position within each unit. This was evidence of consultation with residents in relation to their rights. Residents’ feedback was valued and considered in relation to practices within the centre.

A revised organisational complaints policy was in draft form. This outlined in detail the steps to be taken when conducting varying degrees of a complaints investigation. However, an associated procedure appropriate to the needs of residents in line with each resident's age and the nature of his or her disability or abilities was not in place at the time of inspection.

**Judgment:**
Substantially Compliant

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**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 set 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.

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 toilet and bathing facilities were.

Residents had access to televisions and stereos in their bedrooms and also in communal areas. Some residents used audio books due to impaired vision for example.

The person in charge had contacted the speech and language therapist in relation to developing an audio tape of the complaints procedure for a resident with impaired vision. This was evidence of residents being supported at all times with their communication needs to ensure they had inclusion and participation within the centre.

The person in charge had also engaged the services of the National Council for the Blind of Ireland (NCBI) to visit the centre in January 2015 and give recommendations of how to make the living environment more accessible and encourage as much independence as possible for residents with impaired vision.

There were examples throughout the centre whereby subtle but effective enhancements had been introduced to ensure the resident could maintain maximum independence, for example, a light that switched on in the resident’s wardrobe when they opened the door.

**Judgment:**
Compliant

| Outcome 03: Family and personal relationships and links with the community |
| Family and personal relationships and links with the 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 and supported to have positive relationships with their families, friends and neighbours.

Residents in both residential units had developed links with their local community. Some residents had lived in their residential setting for over 25 years and had developed close friendships within their neighbourhood. During the course of the inspection a neighbour visited one of the residential units and spoke with the inspector and residents. The interactions and conversation observed were of genuine friendship and a shared sense of humour.

Residents spoke fondly of their neighbours and about sometimes getting a lift to ‘the top of the road’ if a neighbour were driving by when they were out walking. Questionnaires completed by residents also documented how much they liked their neighbourhood and how supported they felt. Those residents also had close links with their families and were supported to maintain close bonds with them.

Equally in the other residential unit, residents were supported to have close family links and participation in their community. Most residents visited their families on weekends and also were visited by their family and friends in their residential setting.

There was also evidence to show the person in charge had made strives to ensure a resident was supported to visit their parent who had moved to a nursing home. The email detailed the person in charge's suggestions of how the resident could be supported to maintain visits to their parent in a more cost effective way for them. At the time of inspection, the resident was being supported to visit their parent regularly and in line with their wishes.

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:
All residents had a signed contract of care which dealt with the support, care and welfare of the resident. It included details of the services to be provided for that resident and the fees to be charged.

An addendum had been also added to the contracts of care which further set out
information in relation to other matters which gave residents and their families further clarification on fees the resident may incur.

**Judgment:**
Compliant

### 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:**
The action from the previous monitoring inspection April 2014 had been satisfactorily implemented. Residents' personal plans were comprehensive and kept under regular review. Personal plans were in a format accessible to their individual assessed needs. Each resident 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.

The person in charge and person participating in management (management team for the centre) had created detailed client profiles of residents which were comprehensive and individualised to each resident. Examples of details covered were a background history of the resident, details on the family and support network, their day service or employment, their health care and dietary needs.

**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 and its residential units were suitable for the needs of residents as set out in their personal plans. The size of each residential unit also suited the number of residents that lived there.

There was adequate kitchen and dining space for residents to participate in preparing a meal and enjoy a comfortable dining experience in both settings. Living rooms were comfortable and cozy in one setting with ample space and comfort arrangements to meet the needs of residents in the other setting.

Residents’ bedrooms had ample space and room for furniture and personal belongings. Each residential unit was bright with a good source of natural and artificial light throughout.

Records were available to indicate that equipment in the centre had been serviced as required. Logs to the organisation’s maintenance manager, by the person in charge, showed evidence of prompt actions by the person in charge in response to premises issues identified at any given time. There were also servicing records available for inspection for example, the oil fired boiler burner had been serviced in May 2014, equally the oil fired boiler burner had been serviced in the other residential unit in July 2014 with the replacement of a gasket board as required.

There were ample modern toileting and showering/bathing facilities some of which had been adapted to meet the mobility needs of a resident that lived in the residential unit. The external grounds were clean, well maintained with an adequate supply of waste disposal and recycling equipment at both settings.

While accessibility and independence was well promoted in both residential settings the exit door to the back of one of the units did not provide a resident with full accessibility so they could use it independently to exit the premises when they wished. This required review.

### Judgment:
Non Compliant - Moderate
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 equipment had been serviced in June 2014. There was an up to date record of fire drills. Fire drills had been carried out in April, June, August and October 2014. Issues of concern were documented after completing fire drills, for example, if a resident refused to move.

Plans were put in place to address these issues as they arose. Each resident had an individualised personal evacuation plan that documented the type of assistance they would need during an evacuation of the centre. The fire alarm system had been serviced in both residential units on a quarterly basis. Fire extinguishers had also received a service and were up to date in both residential units.

Fire evacuation procedures were detailed and specific to each residential unit. Residents spoken with indicated what they would do in the event of a fire, demonstrating knowledge of compartmentalisation and an understanding of using the fire doors within the premises they lived in. Fire drills had been carried out regularly with review after each drill to ascertain their effectiveness and if improvements were required.

Infection control measures were sufficient given the purpose and function of the centre. A cleaning rota had been reviewed and updated to give staff clearer instructions of how often certain areas in the centre needed cleaning, for example, toilets and wash hand basins.

Paper hand towels were used in one residential setting, while in the other residential setting cloth hand towels were in use. This met the infection control requirements of each setting as assessed. Alcohol hand gels were also located in both residential units. Colour coded mops and buckets were in use in each residential unit and designated to clean specific areas to prevent cross infection.

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. The person in charge had requested thermostatic valves to be fitted to all showers and sinks in one of the residential units. However, these had not been fitted within the other residential unit. Given the change in dependency and health needs of residents this risk required review.

Judgment:
Non Compliant - Moderate
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:
There were measures in place to safeguard residents and protect them from abuse. There was a policy and procedures 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 working in the centre had received training in the prevention, detection and response to abuse. Refresher training was also available to staff to ensure their skills and knowledge was maintained and up to date.

Restrictive practices were reviewed by a human rights committee with an independent person nominated to chair the meetings. All restrictive practices carried out within the centre were used in conjunction with an associated behaviour support plan and ongoing input from a behaviour support team that comprised of allied professionals such as psychologists and psychiatry.

The inspector reviewed a behaviour support plan. It identified the underlying causes of behaviour that was challenging for the resident. Specialist and therapeutic interventions were implemented and reviewed regularly by the person in charge and relevant allied professionals for example, clinical psychologist and psychiatrist.

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 with a focus on maintaining residents’ independence and enhancing self help skills as much as possible.

The provider had sought to promote residents’ independence whilst ensuring safeguarding measures were in place for them. For example, an electronic security device, which allowed residents to clearly view visitors that called to their home, had been fitted to the front door. The inspector observed residents independently use the security device when visitors called to their door during the course of the inspection and told the inspector, ‘it’s great, makes you feel safe’.

Judgment:
Compliant
### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

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

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

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development

Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**

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

Residents had opportunity to attend personal development activities suited to their interests and capabilities, for example day services, training centres or employment. A resident had been supported to apply to become a member of the 'Service User Council'. The resident was supported by staff to respond to an expression of interest request email and also to attend an interview in which they were successful.

Residents engaged in social activities within and out of the centre for example, during the course of the inspection some residents attended a production of 'West Side Story'. There were photographs in the residential units which evidenced residents had attended concerts, plays, musicals and had enjoyed holidays and nights out.
Residents had choice and autonomy in making decisions of how they wanted to spend their day. Some residents were supported to engage in social activities with the assistance of a volunteer. Residents were supported to independently avail of this service and choose what activities they were interested in on their terms.

Judgment:
Compliant

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

Theme:
Health and Development

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

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

Residents participated in choosing their weekly mealtime menu options and had the opportunity to eat their meals in pleasant surroundings. The dining and kitchen facilities met the needs of residents. There was ample space 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 enjoyed healthy freshly prepared meals in the centre. Those that needed support to lose weight had access to a treadmill located in one of the residential units and used it daily. Staff supported residents to understand healthy and unhealthy food options and were encouraged and supported to make healthy choices.

Residents had up to date hospital passports in their personal file. These outlined specific details in relation to residents’ health care needs and the supports they would require on an emergency or planned admission to hospital.

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents’ dignity and autonomy were respected. While many support meetings and discussions had occurred, a specific care plan had not been drafted which outlined a comprehensive overview of the status of a resident’s wishes, preferences and decisions relating to end of life.
The person participating in management drafted a care plan before the close of the inspection in it collating information which had been discussed and documented from meetings and conversations had with a resident, their family and allied health professionals. The care plan was comprehensive, person centred and outlined dignified care practices which were in line with the resident's wishes at end of life.

Staff working with a resident had received advice and support from the local palliative care team. A resident availed of hospice respite on a weekly basis and staff supported them with their transport needs to and from there.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
While most medication management, storage and administration practices were safe in the centre, organisational policies and management systems relating to self-administration of medication and the management of controlled drugs required review.

Medicines were supplied by two local community pharmacies as required. During the course of the inspection, the inspector observed the person participating in management contact one of the pharmacists for advice and clarification in relation to a medication prescribed for a resident. This was evidence of open communication and facilitation of the pharmacist to meet their obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland.

Staff spoken with demonstrated knowledge and understanding of principles in relation to safe medication management practices. The inspector noted that the practice of transcription was in line with guidance issued by An Bord Altranais agus Cnáimhseachais.

One resident was supported to engage with self-administering medications. The inspector spoke with the resident who was familiar with the medications prescribed. However, the self-administering medication policy and procedures did not provide adequate guidance for staff in determining how often medication self-administration risk assessments should be carried out. This is further outlined in Outcome 18.

A risk assessment tool dated 5 December 2014 with a review date for December 2015 was completed for the resident, who self-administered medication. Given the changing health needs of the resident, for example, the date for re-assessment required review as
risk assessments would be required more often to ensure safe practices were in place for them should their health and cognitive abilities decline.

Medications requiring refrigeration were in use during the inspection. The person in charge outlined the storage arrangements for medications requiring refrigeration but the refrigeration storage unit was not capable of being secured.

The temperature of the fridge was also not maintained at the correct temperature at all times and was noted to be above 10 degrees Celsius when reviewed by the inspector. At a later stage the temperature of the fridge was noted to be 5 degrees Celsius and within the correct limits. The refrigeration unit in use in the centre was not fit for the purpose of storing medication requiring specific temperature refrigeration and secure storage and required review. The inspector noted that all other medications were stored securely including controlled drug medication.

Staff spoken with, outlined the manner where medications which were out of date or dispensed to a resident but no longer needed, were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

However, the procedures in place in the centre for the disposal of controlled medications, which were administered transdermal (through the skin via a patch), were safe but not in line with best practice. Policies and procedures, for their disposal after use, were not outlined in the medication management policy in order to guide staff what best practice should be.

A separate controlled drug register/log was not maintained in the centre and checks of same were not in line with guidance issued by An Bord Altranais agus Cnáimhseachais. Logs were maintained of when the medication was received from the pharmacy however, these were the only log checks and balance of the medication.

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

**Findings:**
There was a written statement of purpose that described the service provided in the centre.
The services and facilities outlined in the Statement of Purpose, and the manner in which care was provided, reflected 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):
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 person participating in management of the centre was equally a suitably qualified person with experience and knowledge commensurate to her role. Both persons had knowledge of residents within both residential units and had experience of managing both units at different times.

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. Equally residents knew the person participating in management and identified her as a person they trusted and could go to with an issue. During the course of the inspection residents presented the person in charge with a surprise birthday cake and card all signed by them individually. They were excited to surprise her and a resident told the inspector, 'she deserves it' after the cake had been presented.

The person in charge and person participating in management received supervision and support from the area service manager. 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 and regulations. They had conducted investigations into allegations of abuse and misconduct of staff as necessary for this centre and other centres they were responsible for and demonstrated a good understanding of organisational policies, procedures and regulatory responsibilities with regard to those matters.

The person in charge worked in a full-time post. These hours included 12 hours administration time and 23 hours working on roster alongside residents and staff which allowed the person in charge to observe practices and engage in a meaningful way with
residents. The person participating in management had the same governance arrangements and also worked full time.

Unannounced and announced visits from the provider and persons nominated by the provider had occurred in the centre with documented evidence of the outcomes of the visits and issues of compliance and non-compliance found and acted on if necessary.

**Judgment:**
Compliant

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**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):**

**Findings:**
A 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.

However, the Chief Inspector had not been notified of the return to work of the person in charge after an absence from work for more than 28 days. The area services manager submitted the notification to the Chief Inspector during the course of the inspection.

**Judgment:**
Substantially Compliant

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**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):**

**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. The person in charge and person participating in management maintained a planned and actual duty roster.

Staffing numbers and skill mix were appropriate to resident’s assessed needs. Staffing in the centre was allocated for times when residents were in the centre. There were also allocated sleep over staff in one residential unit to meet the needs of residents.

A sample of staff files were reviewed as part of the inspection, staff files reviewed met the requirements of Schedule 2 of the regulations.

Training records showed ongoing staff training for all staff working in the centre. They had received training and fresher training in areas such as client protection, managing behaviours that are challenging, fire safety, medication management and communication champion training.

Some staff that worked in one of the residential units had received guidance from the palliative care team that supported a resident. The training had covered topics such as cancer care and supporting the general care and wellbeing of a person living with cancer.

However, staff required more training in relation to end-of-life care planning and supporting residents with bereavement. The person in charge and person participating in management agreed they would like to receive more training and information in best practice relating to end-of-life care.

**Judgment:**
Substantially 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.

Overall the inspector found that records maintained in the centre met with compliance however, some policies in place required review in order to guide staff in best practice procedures relating to medication and health care.

The organisation medication management policy did not provide guidelines for staff to implement in relation to the disposal of some controlled medications after their use, for example, transdermal patches used to administer controlled medication.

The medication self-administration policy required review to inform staff on the best practice guidelines in relation to the frequency of assessment intervals for residents.

The medication policy also did not adequately outline best practice guidelines in relation to the storage and checking of controlled medications.

An end-of-life policy with associated procedures was in draft format at the time of inspection. Staff working within the centre did not have a policy which could provide them with procedures and guidelines in relation to the implementation of best practice in end-of-life care.

Judgment:
Non Compliant - Moderate
**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 report¹

<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-0004105</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>05 March 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>30 March 2015</td>
</tr>
</tbody>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A complaints procedure was not available in a format that was accessible and age-appropriate which included an appeals process.

Action Required:
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
(a) Local procedures in user friendly format have been developed appropriate to the needs of residents in this service in both locations.
(b) The organisational complaints policy has been amended in line with this and the revised draft policy was approved by Policy Advisory Group on 25 March 2015, the draft policy will be brought to the Board of Directors for approval; following this, the updated policy will be circulated. The procedure has also been revised and approved by the Policy Advisory Group on 25 March. This will be circulated with the policy.

Proposed Timescale:
(a) To be completed by 31/03/2015  
(b) To be completed by 31/03/2015

Outcome 06: Safe and suitable premises

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Alterations to the back door of one residential unit within the designated centre was required to ensure it was accessible to all.

Action Required:
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
The exit door to the back of one of the units is being fitted with a specific lock that provides the resident with full accessibility.

Proposed Timescale: 31/03/2015

Outcome 07: Health and Safety and Risk Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A risk management policy was in place but some risks had not been identified. Antiscald valves had not been fitted throughout both residential units of the designated centre.

Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
The risk register has been reviewed and now includes the potential risk of scalds and burns; risk reduction strategy has been applied and thermostatic valves have been fitted to all showers and sinks in one of the residential units as identified, with both residential units now having such valves in place.

**Proposed Timescale:** 13/03/2015

### 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:**
The unit in the centre used to store medication that required refrigeration was not fit for purpose and could not be secured to ensure safe storage of medication.

**Action Required:**
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
A new refrigeration unit has been ordered, this will be a secure unit. In the interim, a local protocol is now in place regarding monitoring of temperature of current fridge to ensure this is correct, with recording and review of this.

**Proposed Timescale:** 14/04/2015

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A control register/log was not maintained in the centre in line with best practice for the monitoring of controlled medications.

**Action Required:**
Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

**Please state the actions you have taken or are planning to take:**
Specific control register/log has been ordered from the pharmacy on 5 March 2015; in the interim of this being received, a separate log is in place, with stock and checking procedures, this is maintained as laid out in the Misuse of Drugs Regulations 1988, as amended.

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

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

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Chief Inspector had not been notified of the return to work of the person in charge within three working days after the date of her return.

**Action Required:**
Under Regulation 32 (4) you are required to: Notify the Chief Inspector of the return to duty of the person in charge not later than three working days after the date of his/her return.

**Please state the actions you have taken or are planning to take:**
Notification submitted on 6 March 2015; New RACI (Responsible, Accountable, Communicate, Inform) procedure has been implemented and will ensure accountability on all notifiable events to HIQA.

**Proposed Timescale:** 24/03/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff working in the centre required more training in the area of end-of-life to enable them to implement best practice care and support for residents that required it.

**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:**
This is being sourced with regard to suitable training for staff on implementing best practice care and support regarding end of life for residents who are at this stage. The Human Resources Directorate is undertaking sourcing of this in conjunction with the Person in Charge and Person Participating in Management.

**Proposed Timescale:** 31/05/2015
**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The organisation medication management policy did not provide guidelines for staff to implement in relation to the disposal of some controlled medications after their use, for example, transdermal patches used to administer controlled medication.

**Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
(a) The medication policy and procedure is being reviewed to include best practice guidelines in relation to disposal of controlled medications, and also transdermal patches used to administer controlled medications, after their use. A draft policy and procedure will be brought for consideration to the Policy Advisory Group meeting on 7 May 2015, following this the draft policy will be presented to the Board of Directors at the end of May for approval, and once approved by the Board of Directors, the policy and procedure will be circulated to services.
(b) In the interim a directive has been provided on behalf of the Registered Provider regarding disposal of some controlled medications after their use.

**Proposed Timescale:**
(a) To be Completed by 31/05/2015; (b) Completed by 25/03/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The medication management policy did not set out best practice guidelines in relation to the frequency of risk assessments for residents that self-administered medication.

**Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
(a) The medication policy and procedure is being reviewed and will include best practice guidelines in relation to the frequency of risk assessments for residents that self-administer medication. This draft policy and procedure is being brought for consideration to the Policy Advisory Group meeting on 7 May 2015, following this the draft policy will be presented to the Board of Directors at the end of May for approval, and once approved, the policy and procedure will be circulated to services.
(b) A local protocol has been implemented in relation to frequency of risk assessment
for resident that self-medicates.

**Proposed Timescale:**  (a) To be Completed by 31/05/2015; (b) Completed by 12/03/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The medication policy also did not adequately outline best practice guidelines in relation to the storage and checking of controlled medications

**Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
(a) The medication policy and procedure is being reviewed to include best practice guidelines in relation to the storage and checking of controlled medications. This draft policy and procedure is being brought for consideration to the Policy Advisory Group meeting on 7 May 2015, following this the draft policy will be presented to the Board of Directors at the end of May for approval, and once approved, the policy and procedure will be circulated to services.

(a) In the interim a directive has been provided on behalf of the Registered Provider regarding best practice guidelines in relation to the storage and checking of controlled medications.

**Proposed Timescale:**  (a) To be Completed by 31/05/2015; (b) Completed by 25/03/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An end of life policy with associated procedures was not in place to guide staff in best practice in relation to the care of residents at end of life.

**Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
(a) An end of life policy and associated procedures is being drafted, which will guide staff in best practice in relation to the care of residents at end of life. This draft policy and procedure is being brought for consideration to the Policy Advisory Group Meeting on 7 May 2015, following this the draft policy will be presented to the Board of Directors at the end of May for approval, and once approved, the policy and procedure...
will be circulated to services.

**Proposed Timescale:** 31/05/2015