

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0004058
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	2

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

From:	To:
30 June 2015 11:20	30 June 2015 19:00
01 July 2015 10:15	01 July 2015 14:20

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection of this designated centre which is a two storey house located in a suburb of Galway city. The centre can provide support for a maximum of 6 residents at any one time.

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 documents including residents' personal plans, medication documentation, staff files, risk management procedures, emergency plans, equipment servicing records, and policies and procedures.

On this inspection, the inspector found good aspects of care in most Outcomes. The person in charge demonstrated knowledge of her regulatory responsibilities and was supported in her role by the area manager. Residents living in the centre had complex medical needs which required continuous monitoring and attending appointments. The inspector found evidence to indicate residents received appropriate medical care management and had attended appointments and hospital visits as required. However, there were a number of non compliances found on this inspection which related to the identification, documentation and management of risk which had the potential for negative outcomes for residents.

A major non compliance was given for Outcome 12: Medication Management. The organisation policy for transcribing of medications without an associated medical practitioner signature was not in line with Bord Altranais agus Cnáimhseachais na hÉireann guidelines for transcribing. This also led to a moderate non compliance given for Outcome 18: Records and Documentation whereby organisation policies were found to not provide staff with best practice guidance and direction in relation to medication administration and transcribing practices.

Moderate non compliance was found in Outcome 7: Health & Safety & Risk Management. Potential risks and hazards in the centre were documented in a 'risk register' which identified and documented potential risks. However improvement was required in relation to the identification, assessment and implementation of control measures to mitigate identified risks. The inspector found some examples where a risk to residents were not adequately identified or followed up on.

A major non compliance was given for Outcome 8: Safeguarding & Safety, whereby documented injuries to residents had not been investigated to ensure the resident had not experienced physical abuse.

These and other 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):

No actions were required from the previous inspection.

Findings:

Residents' rights and dignity were promoted within the centre. Consultation with residents occurred through facilitated staff/resident meetings. Residents' financial affairs were individualised and managed within the matters set out in the organisations' policy and procedures. Activities for residents were suited to their abilities and interests.

However, windows in bedrooms located on the ground floor did not provide residents with enough privacy and required review and residents required more opportunities to engage in outdoor leisure pursuits.

Residents were supported to attend liturgical events in their local community and take part in family celebrations. Residents celebrated birthdays and calendar events in the local community and within Ability West organisation.

They also 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. Recently a resident, who had lived in the centre for a number of years, had moved to a nursing home. Residents were facilitated to maintain contact with them.

Residents had their own bank accounts with bank cards and individual PIN numbers. They had inclusion and supported autonomy in accessing banking services as needed. The person in charge outlined how residents' finances were managed in the centre. Each resident's financial records were checked regularly and an up to date ledger maintained for each individual resident with receipts maintained for all purchases.

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. At the time of inspection no resident was in receipt of advocacy services.

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 nominated a specific staff member as the nominated complaints officers for them. A photograph of the staff members nominated had been laminated and placed in a prominent position within the unit.

A revised organisational complaints policy was in place. This outlined in detail the steps to be taken when conducting varying degrees of a complaints investigation. Complaints were logged on a computerised system. Complaints and their management were reviewed by the area manager for example, to ensure they were managed in line with organisational policies and procedures and that the complainant was satisfied with the resolution to their complaint.

The inspector reviewed a number of resident meetings which had been held over the previous months. Meetings had occurred, 6 February, 3 April, 8 May and 7 June 2015. Each meeting had minutes which were documented by an assigned minute taker at the meeting. Some items discussed at the meetings included, activity ideas, the complaints policy and who residents would like to nominate as the person they would go to with a complaint, some residents brought up that they were disturbed in their sleep at night time by noise and logged this as a complaint. The complaint had been logged on the electronic incident recording system and at the time of inspection there were plans to address this issue.

Bedrooms were personalised to each resident's taste. Residents had space for privacy and contemplation in the centre. Bathing facilities had provision for privacy and storage of personal belongings to meet the needs of residents. However, windows in residents' ground floor bedrooms did not provide residents with enough privacy when using the rooms for private activities, such as dressing or using the toilet. This required review.

Activities available in and out of the centre occurred predominantly in residents day activity centres. They were age appropriate and reviewed through consultation with residents, their key worker and family. However, residents did not engage in regular activities in outdoor spaces. This was evidenced by a recommendation for prescribed Vitamin D by a dietician in direct response to some residents' lack of exposure to sunlight and outdoor leisure pursuits.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to communicate in their own individual style. However, a resident with Autism Spectrum Disorder had not received a review of their communication needs by a speech and language therapist (SALT) since 2011. This required review to ensure the resident's needs were being adequately 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 had an individualised communication passport located in the living room of the centre. They contained pictures and information to tell the reader how residents communicated their needs, for example, how they said no, yes, anxiety, confusion, pain and happiness. Pictures were in use throughout the centre. These directed residents to where plates and cutlery were to be found in the kitchen, for example. There were signs to identify where toileting and bathing facilities were.

However, a resident with Autism Spectrum Disorder had not been reviewed by SALT since 2011. Their communication needs had been identified in a communication passport similar to their peers living in the centre. However, the inspector was not satisfied that their communication needs were adequately reviewed, given communication is one of the triads of impairments for people living with Autism. An action was given for this outcome to ensure the resident's communication needs were reviewed.

Judgment:

Substantially Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Some residents had lived in the centre many years and had a presence in the locality, for example, residents regularly visited the nearby shops, cafes, restaurants and beach. While family links were encouraged some residents had limited family connections.

Important people in the lives of residents were invited to attend 'circle of support' meetings and be involved with decisions relating to residents lives. Visiting was unrestricted and encouraged. A resident was supported to visit their sibling who lived in other designated centres within the organisation.

A resident, who had lived in the designated centre, had recently moved to a nursing home for later life care. Residents were facilitated to visit them as they wished.

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 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.

A policy was in place in relation to the discharge of resident from the organisation. With the recent discharge of a resident from the centre, the person in charge and area manager (PPIM) confirmed they had used the policy and associated procedures during the discharge process.

The management of the resident's finances, for example, had been a complicated process and one of which the discharge policy did not provide adequate guidance or procedures for. The inspector was satisfied through interviews with the person in charge and area manager that the resident's discharge had been managed with a view to safe guarding the resident's assets. However, the policy for discharge was not adequate and required review. An action for this is given under Outcome 18, Records and Documentation.

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:

Each resident had a personal plan which was person centred, incorporated recommendations and reviews by multi-disciplinary professionals and was kept under review, their social care needs were not consistently and adequately identified and required review.

Each resident's well-being and welfare were documented in their personalised folder which included information about their backgrounds and their goals for the current year. Person centred planning and 'circle of support' meetings formulated the goals for residents based on identified needs.

All residents had a copy of their plan in an accessible format, generally located in their bedroom. Pictures and photographs were used to illustrate goals achieved or goals for the future.

From a sample of resident's personal plans reviewed they contained evidence of multi-disciplinary team input documented in the resident's files, such as psychiatry, dietitian, physiotherapy and speech and language therapy. (SALT)

There were some opportunities for residents' to participate in some meaningful activities appropriate to their interests and capabilities. Some residents attended an active aging day activity service provided by Ability West Organisation.

Action plans which outlined residents' social care goals required review for example, a goal identified for a resident was, 'to keep health care appointments'. This was not a social care goal. Action plans required review to ensure they identified goals which would help residents achieve their aspirations in a social care context rather than a health care focus.

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):

No actions were required from the previous inspection.

Findings:

The location and design of the centre were suitable for the needs of residents as set out in their personal plans and statement of purpose. However, the layout was not entirely suitable. Some residents with mobility issues could not access the second living room space located on the first floor. The centre, though clean and comfortable throughout, required an addition of colour throughout. Most walls in the living spaces were painted white which did not lend to a home like environment.

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 actions by the person in charge in response to premises issues identified at any given time.

Thermostatic control valves had been fitted to sinks and showers within the centre. This prevented risk of scalding to residents from water that was too hot. The external grounds were clean and well maintained with an adequate supply of waste disposal and

recycling equipment at both settings.

There were adequate laundry facilities within the centre. It was supplied with a washing machine and dryer. Residents' clothes could also be dried outside as another option.

Residents' bedrooms had adequate space for furniture and personal belongings. The centre had a good source of artificial light throughout. The decor and furnishings were modern and comfortable in most parts, with exception of the lack of colour on walls throughout shared communal spaces. Most walls were painted white, and while this was not unpleasant it did not reflect the taste and style of the residents living in the centre and required review.

Overall, the inspector found the centre to be a comfortable, clean, pleasant place for residents to live in. There were two living rooms one on either floor, both were spacious with comfortable furnishings. However, residents with mobility issues could not access the living room on the first floor.

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 in the most part. However, improvement was required in relation to the identification of risk and adequate follow up with associated controls and measures in place to mitigate risk.

Infection control measures were sufficient given the purpose and function of the centre. A cleaning rota was in place and the inspector observed a good standard of cleanliness throughout the premises. Paper hand towels were used in the centre. Alcohol hand gels were also located at the entrance/exit doors. Colour coded mops and buckets were in use in and designated to clean specific areas to prevent cross infection.

Carbon monoxide monitors were used in the centre and tested monthly with checks documented.

The fire alarm system had been serviced on a quarterly basis with the most recent 5 May 2015. Keys in fire compliant units were located at each door which required a key

to open it. Displayed fire evacuation procedures were detailed and specific to the centre. Staff 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 to contain a fire.

There was an up to date record of fire drills. The most recent fire drill had been carried out 24 March 2015. Issues of concern were documented after completing fire drills, for example, if a resident refused to participate. 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. Fire extinguishers had last been serviced in 22 June 2015.

An emergency management policy with procedures was in place also to direct staff in the event of such an event, for example, power outage, flooding. Organisational policies and procedures contained the matters as set out in the regulations relating to aggression and violence, accidental injury, unexpected absence of a resident and self harm.

Potential risks and hazards in the centre were documented in a 'risk register'. This identified and documented potential risks. Improvement was required however, in relation to the identification, assessment and implementation of control measures to mitigate identified risks. The inspector found some examples where a risk to residents were not adequately identified or followed up on. A resident living in the centre was identified at high risk of falling. However, they had not received a specific falls risk assessment with associated risk control measures in place.

A number of 'body charts', which documented bruises and bite marks on a resident's upper body, were documented in their personal plan. The person in charge informed the inspector the marks were as a result of self harm engaged in by the resident. However, the risk register documented no resident living in the centre engaged in self harm. This required prompt review and updating as two residents in the centre engaged in self harm. One which needed verification as it had not been witnessed and another in which a resident engaged in a long standing overt behaviour of self harm, of which the inspector observed them engage in during the course of the inspection.

Equally, the incidents of documented bite marks and bruising had not been logged on the electronic incident recording system. They had not been appropriately investigated and there were no documented control measures in place to mitigate the risk, e.g. behaviour support plan. This is further discussed under Outcome 8: Safeguarding and Safety; with an associated action.

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):

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

Findings:

The organisation had put 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 types of abuse. However, improvements were required in practice in relation to identification and response to alleged incidents which could indicate abuse.

Restraint was used in the centre. The inspector saw evidence to indicate that there had been a reduction in the use of mechanical restraint in the form of bed rails. Crash mats and low-low beds had been introduced as an alternative measure. Chemical restraint was prescribed for the management of behaviours that challenge for a resident. An associated protocol which was signed by the resident's psychiatrist was up to date and maintained in their personal plan and medication chart.

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.

Staff working in the centre had received training in the prevention, detection and response to abuse identification. Refresher training was also available to staff to ensure their skills and knowledge was maintained and up to date. However, the inspector found there was inadequate investigation of incidents where a resident presented with bite and bruise marks on their body. Though staff were certain they were as a result of self harm, staff spoken with had never witnessed the resident engage in self harm. This required prompt review and investigation.

Staff working in the centre had also received training in the management of behaviours that challenge and de-escalation techniques using a 'low arousal' model. However, the inspector noted improvement was required in the area of behaviour support plan development and review in order to support residents. Behaviour support plans in place required updating and review.

As mentioned previously a resident engaging in suspected incidents of self harm, had

not received any documented behaviour support assessment or intervention. A referral had been submitted to the psychology department January 2015 however, a review had not occurred. While the inspector understood there were staffing shortages in the psychology department, a review was required as a matter of priority to assist with the investigation into such un-witnessed incidents.

Judgment:

Non Compliant - Major

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 incidents occurring in the centre was maintained on an electronic incident recording system and where necessary notified to the Chief Inspector. The inspector reviewed incidents and accidents and found 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

While not all incidents of self harm had been documented on the electronic incident monitoring system this outcome was found to be in compliance as the non compliance related more to inadequate identification and management of risk identification of suspected abuse. Actions relating to this were given in Outcomes 7; Health and Safety and Risk Management and Outcome 8; Safeguarding and Safety

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents were supported to access day services which facilitated their access to social participation with peers and meaningful engagement.

As mentioned previously in the report residents had the opportunity to attend an active aging group which provided a more age appropriate programme for them in later life.

Residents were supported by staff working to participate in some recreational activities in their local community; such as attending going for a coffee, clothes shopping and attending Mass.

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):

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

Findings:

Resident's health needs were met to a good standard in the centre. However, improvement was required in relation to the implementation of recommendations made by allied health professionals.

Residents had access to GP services and there was evidence to show appropriate treatment and therapies were in place to address their health issues. Residents living in the centre had health care needs which required frequent medical attention and hospital appointments. There was evidence to indicate residents had attended hospital appointments and were well supported during these times.

A number of residents received modified consistency meals which had been assessed and recommended by a speech and language therapist. Meals were presented well and in line with the recommendations for each resident. A resident requiring a specialised diet received foods in line with her dietary requirements.

Residents had also received assessment and intervention recommendations to meet their needs from physiotherapy, occupational therapy and recommendations from a dietitian. The inspector reviewed a sample of dietetic recommendations. Of the sample reviewed in January 2015 three residents were recommended to commence a Vitamin D supplement as they had been identified at risk of deficiency which could lead to brittle bones, for example. However, the recommendation had not been followed up on and residents had not received the recommended Vitamin D.

There was adequate space for food preparation and storage of fresh and frozen produce in the centre. Cupboards had plentiful condiments, grains, pulses and cereals to ensure food was wholesome and nutritious. Colour coded chopping boards were in use to ensure raw meat and fresh vegetables were not chopped using the same board, for example, as a measure to reduce food contamination. Instructions were available to staff to indicate where foods should be stored in the fridge and how frozen goods were thawed.

Residents' weights were regularly monitored, body mass index was calculated and a nutritional risk assessment was carried out each time to identify nutritional risk for residents which would alert staff to refer the resident for dietetic review if necessary.

Judgment:

Substantially 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:

The inspector found medication management met with compliance in some areas however, there were some practices relating to the transcribing of medications that were not in line with Bord Altranais agus Cnáimhseachais na hÉireann guidelines for transcribing. Medications were not securely stored in the centre as the key to the medication press was accessible throughout the inspection.

Residents requiring crushed or modified consistency medications were prescribed such in liaison with resident's GP and pharmacist. Staff working in the centre had completed medication management training with evidence of refresher training in staff records.

Copies of residents' prescription were kept in the centre and prescriptions were transcribed by staff to prescription administration charts which the inspector noted to be clearly written and accurately maintained. However, medication administration charts were not signed by the resident's prescribing GP/Doctor.

Written operational policies and procedures were in place for the safe storage, administration and transcribing of medications. The policy for medication administration required review as it did not set out that administration charts should be signed by a resident's GP before staff could administer from them.

Medications were stored in a locked press in the office. However, the inspector was not satisfied that medications were securely stored in the centre as the key to the press hung on a hook beside the press. While the person in charge informed the inspector that staff put the key on their person when residents were in the centre, the inspector did not observe this happen.

The person in charge carried out medication management audits to ensure safety and quality standards. The inspector reviewed some of the medication management audits and while they covered a number of key quality indicators they did not check if medication errors were recorded on the electronic incident and accident system. The inspector had, at an earlier time, reviewed medication errors on the system and had noted an error had not been logged. This should have been picked up on the medication audit. The audit required review to ensure it robustly captured all medication management data. An action for this non compliance can be found under Outcome 14: Governance and Management.

Judgment:

Non Compliant - Major

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.

The person in charge 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 demonstrated a good understanding of organisational policies, procedures and regulatory responsibilities.

The person in charge worked in a full-time post. These hours included allocated administration time with the rest of the time working on roster along side residents and staff which allowed the person in charge to observe practices and engage in a meaningful way with residents.

The inspector reviewed a sample of team meetings in which residents' person centred goals and health care needs were discussed, These meetings were a good way to ensure resident's needs were met. 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. A number of audits of the centre had been carried out. The person in charge carried out audits of medication, incidents, fire safety and

equipment in the centre. The provider nominee reported to the board of management for Ability West Organisation on a regular basis.

Medication audits were not robust enough to capture all medication management quality indicators. This is further discussed in Outcome 12: Medication Management. However, an action has been given under this Outcome as it relates to quality management and governance systems for the centre.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were appropriate management systems in place for the absence of the person in charge. The area services manager provided management of the centre in the absence of the person in charge and engaged in administrative duties such as maintaining the duty roster or notifying the Chief Inspector.

The provider nominee was aware of her responsibility to notify the Chief Inspector of any intended absence of the person in charge for more than 28 days.

The person in charge had not been absent from the centre for more than 28 days.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

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

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

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied there was enough staff working in the centre during the two days of inspection. The person in charge 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 was also an allocated a sleep in staff to meet the needs of residents at night time. At the time of inspection the provider had sanctioned a waking night staff to support the care needs of a resident.

Of all staff observed and spoken with during the course of the inspection, they demonstrated a good understanding and knowledge of the residents they supported and

the care interventions prescribed for them.

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. Staff working in the centre had received medication management, fire safety, manual handling, non-violent crisis intervention training and client protection.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

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 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 organisation medication administration policy required review to ensure it provided best practice guidelines relating to the transcribing and administration of medication.

The discharge policy for the organisation did not set out adequately robust procedures and guidelines which would ensure residents assets were appropriately safeguarded

when discharged and required review.

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
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0004058
Date of Inspection:	30 June 2015
Date of response:	29 July 2015

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:

Windows in residents' ground floor bedrooms did not provide residents with enough privacy when using the rooms for private activities, such as dressing or using the toilet. This required review.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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:

Blinds to protect privacy of service users in ground floor bedrooms have been purchased and will be fitted by 31st July, 2015.

Proposed Timescale: 31/07/2015

Theme: Individualised Supports and Care

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

Residents did not engage in regular activities in outdoor spaces. This was evidenced by a prescription for Vitamin D3 recommended by a dietitian in direct response to residents' lack of exposure to sunlight and the outdoors.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

Regular activities in outdoor spaces continue to be planned for the summer months. Prescription for Vitamin D3 recommended by a dietitian is now being administered, as of 3rd July, 2015.

Proposed Timescale: 03/07/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

A resident with Autism Spectrum Disorder had not been reviewed by SALT since 2011. The inspector was not satisfied that their communication needs were adequately reviewed, given communication is one of the triads of impairments for people living with Autism.

Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

Speech and Language Therapy Referral submitted on the 1st July, 2015, requesting

review of service user's communication needs. It is anticipated that the review will be completed by 31st August, 2015.

Proposed Timescale: 31/08/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents social care needs were not consistently and adequately identified in the centre. A goal identified for a resident was, 'to keep health care appointments'. This was not a social care goal. Action plans for residents required review to ensure they identified goals which would help residents achieve their aspirations in a social care context rather than a health care focus.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

Action plans for residents are being reviewed to ensure that identified goals, reflect their aspirations and ambitions. Action plans will be updated accordingly.

Proposed Timescale: 31/08/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Most communal space walls were painted white, and while this was not unpleasant it did not reflect the taste and style of the residents living in the centre and required review.

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:

Request made to Facilities and Maintenance Section, and painting being organised for completion by end of August. The painting is being done around times to facilitate least disruption to service users.

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

There were two living rooms one on either floor, both were spacious with comfortable furnishings. However, residents with mobility issues could not access the living room on the first floor.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

Review has taken place regarding living room space, and arrangements are being made for transfer of living room on first floor to ground floor, thus there will be two living rooms on the ground floor to facilitate all residents.

Proposed Timescale: 31/08/2015

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:

The risk register for the centre stated no residents engaged in self harm. However, two residents in the centre engaged in self harm. This required review with associated control measures to mitigate risk to residents.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Risk register for the centre has been updated to include self harm for this service.

Proposed Timescale: 08/07/2015

Theme: Effective Services

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

Incidents of documented bite marks and bruising had not been logged on the electronic incident recording system. They had not been appropriately investigated and there were no documented control measures in place to mitigate the risk,

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

Process is being followed under Client Protection and preliminary screening has taken place, it is anticipated that the process will be completed by 16/08/2015. Risk register has been updated to include this risk along with control measures.

Proposed Timescale: 16/08/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A resident engaging in suspected incidents of self harm, had not received any documented behaviour support assessment or intervention.

Action Required:

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

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

Behaviour Support Guidelines now in place and are being followed.

Proposed Timescale: 15/07/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector found there was inadequate investigation of incidents where a resident presented with bite and bruise marks on their body. Though staff were certain they were as a result of self harm, staff spoken with had never witnessed the resident engage in self harm. This required prompt review and investigation.

Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers

abuse.

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

Process is being followed under Client Protection and preliminary screening has taken place, it is anticipated that the process will be completed by 16/08/2015. Risk register has been updated to include this risk along with control measures. Staff meeting is being held on 4th August, 2015 and Client Protection policy and procedure will be reiterated.

Proposed Timescale: 16/08/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents had not received Vitamin D supplement as recommended in their dietetic reviews.

Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

Prescription for Vitamin D3 recommended by a dietician is now being administered, as of 3rd July, 2015.

Proposed Timescale: 03/07/2015

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 policy for medication administration required review as it did not set out that administration charts should be signed by a resident's GP before staff could administer from them.

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:

This is being reviewed currently, the policy statement has been approved by the Board of Directors on the 20th July, 2015 and it is envisaged that the procedures will be reviewed and completed by 31st July, 2015. This will include medication administration charts being signed as noted above.

Proposed Timescale: 31/07/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector was not satisfied that medications were securely stored in the centre as the key to the press hung on a hook beside the press.

Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The key to the medication press is now stored securely in the service, in a locked cabinet when not in use.

Proposed Timescale: 03/07/2015

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 inspector reviewed medication errors and had noted an error had not been logged. This should have been picked up on the medication audit. The audit required review to ensure it robustly captured all medication management data.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The medication audit tool is being updated along with the medication procedure to ensure it captures all medication management data, such as medication errors. It is envisaged that this will be completed by 31st July, 2015.

Proposed Timescale: 31/07/2015

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 administration policy required review to ensure it provided best practice guidelines relating to the transcribing and administration of medication.

The discharge policy for the organisation did not set out adequately robust procedures and guidelines which would ensure residents assets were appropriately safeguarded when discharged and required review.

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) Medication administration policy – This is being reviewed currently, the policy statement has been approved by the Board of Directors on the 20th July, 2015 and it is envisaged that the procedures will be reviewed and completed by 31st July, 2015.

(b) Discharge policy - This is being reviewed under the End of Life Committee, there are three different strands to this group and one of them is concentrating on the discharge policy for service user within Ability West. It is envisaged that this will be completed by 30th September 2015.

Proposed Timescale: (a) To be completed 31/07/15 (b) To be completed by 3/09/2015

Proposed Timescale: 03/09/2015
