

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0004062
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Ability West
<b>Provider Nominee:</b>	Breda Crehan-Roche
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **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:
25 August 2015 10:30	25 August 2015 18:40
26 August 2015 09:30	26 August 2015 17:30

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 first inspection of this centre which comprises of one house and provides a residential and respite service for five adults. A residential service is provided to three residents on a full time basis and two residents for five days per week. The two residents availing of the five day support also avail of respite in this house at weekends where required.

As part of this inspection the inspector met with residents, staff, the person in charge of the centre and a person participating in management. The inspector reviewed a variety of documents including residents' personal plans, medication documentation,

staff files, risk management procedures, emergency plans, equipment servicing records, and policies and procedures.

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

Following the inspection the inspector spoke with a family member. The family member outlined their satisfaction with the service provided for their relative and was complimentary of the support provided for the family in regard to spending time with their relative.

The inspector found that residents were receiving a good quality service in line with their assessed needs. It was evident staff knew residents well and were aware of residents' needs, likes and dislikes.

11 of the 18 outcomes inspected were found to be in compliance with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the Regulations) with 4 outcomes in substantial compliance and 3 outcomes judged as moderately non compliant.

Areas identified as requiring improvement were

- Consultation and choice in regard to one aspect of resident care and support
- The assessment of risk for a resident at risk of falling
- The measures in place to ensure the centre could be evacuated in the event of a fire or other emergency
- Financial management procedures
- The notification of incidents to the Authority
- Medication documentation
- Consultation with residents and their representatives as part of the annual review
- The risk management policy

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

There were systems in place to ensure residents were consulted about the running of the centre, had access to advocacy, were supported to make a complaint and received support which was delivered in a dignified and respectful way in line with their assessed needs. Some improvement was required to the measures in place to ensure a resident was supported to exercise choice and control in regard to their care and support when the centre closed for short periods.

Resident consultation meetings were taking place on a monthly basis. The minutes of the meetings showed that a wide range of topics were discussed at these meetings. Topics included activities, food menus, fire safety, medical appointments, policies, family visits, new staff members, complaints, voting and house decor.

At one consultation meeting residents were asked if they felt safe and at another meeting the inspection visit was discussed. Appropriate communication aids such as pictures were used to support residents to participate fully in the consultation meetings.

Residents were consulted about the running of the centre in regard to their daily routine, access to activities and community involvement. Staff spoken with outlined the way residents are consulted in regard to all aspects of their lives.

Support provided and language used by staff was respectful and in line with residents' assessed needs and wishes. It was evident staff and residents knew each other well.

Residents were encouraged to maintain their own dignity and privacy. Residents had

intimate care plans in place to identify the support residents required in areas such as personal hygiene.

There was a policy on residents' personal property, personal finances and possessions. Residents retained control over their own possessions. Residents were supported to do their own laundry if they wished.

There was enough space for each resident to store and maintain his/her clothes and other possessions. Some improvement was required to the system in place for ensuring residents' money is kept safe through appropriate practices and record keeping. This is discussed further under Outcome 8: Safeguarding and Safety.

Residents were registered to vote and were supported by staff to understand the process and to vote if they wished. Some residents had voted in the recent referendum while others declined to vote.

Residents had access to advocacy. There was an organisation advocacy service and external advocacy was sourced from the national advocacy service. It was evident staff perceived their role as one of advocating for residents when required. The person in charge told the inspector that residents would be supported to access external advocacy if required.

The inspector was told that the centre closed infrequently due to budgetary constraints. While most residents stayed with family members one resident was required to move to another centre during these closures.

Staff from this centre worked in the alternative centre while the resident was staying there to ensure continuity of staffing for the resident. However, it was not evident that the resident had been consulted or had the support to exercise choice in regard to this. The resident's contract stated they were availing of a seven night per week residential service in this centre.

**Judgment:**

Substantially Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

There was a policy on communication with residents.

Staff were aware of the different communication needs of residents and there were systems in place to meet the diverse needs of all residents. One staff member had undergone specific training in being a 'communication champion' with responsibility for expanding the communication tools used and taking a lead role in the area of communication in the centre.

Residents requiring assistance had a communication profile outlining their preferred way of communicating. Staff were observed communicating with residents in line with their assessed needs. Information was available in a format which was assessed as suitable for residents' needs.

Residents were facilitated to access aids and appliances to promote the residents' full capabilities. For example, communication systems such as a picture exchange system (PECS) and sign language (Lámh) was used.

The person in charge outlined how the communication aids and appliances available to residents would be further expanded to support residents to communicate.

Residents had access to radio, television, internet and information on local events.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

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

Families were invited to attend and participate in residents' 'circle of support' meetings and case review meetings. There was evidence that families were kept informed and updated of relevant issues where the resident wished for their family to be involved. There were adequate facilities for residents to meet with family members and friends in private.

Family members spoken with and questionnaires reviewed outlined satisfaction with the service provided for their relatives. One family member said that the support of the centre in regard to providing transport facilitated the family to spend time with their loved one which may not have otherwise been possible.

Staff spoken with outlined the ways residents were supported to spend time and participate in community events which were used to increase opportunities for residents to get to know other members of the community and to become part of community groups. For example, residents attended the annual residents mass in the housing estate, participated in clean up days of the estate and one resident was part of a local active retirement group.

Staff also spoke of the informal ways residents were supported to get to know their neighbours, for example one resident had a cat and the neighbours spoke with the resident about the cat on a frequent basis. The inspector observed other residents in the housing estate saying hello to residents as they left or arrived home.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

There had been no admissions to the centre since 2008. It was evident the centre was meeting the needs of residents in regard to the support provided and the physical premises.

Each resident had a written agreement which outlined the service provided and the fees being charged. The written agreement included an outline of any additional charges payable by the resident.

**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*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

Residents had individual personal plans which outlined their assessed health, personal and social care and support needs. Plans were reviewed on an annual basis and more frequently where required. Residents had been supported to be actively involved in the assessment to identify their individual needs and choices.

Plans outlined the supports residents required and included an outline of the input of multi-disciplinary professionals where relevant. For example, residents had been supported to attend speech and language therapy, psychiatry and psychology.

Residents had been supported to identify goals on an annual basis and were supported to achieve these goals. Short term goals were identified and it was evident the goals were improving outcomes for the resident. Progress on the achievement of goals was maintained and reviewed on a regular basis.

Case review and multi disciplinary meetings took place regularly and these meetings were attended by all relevant people with clearly documented minutes of discussions and actions agreed as contained in residents' personal files.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre was comprised of one house located in a housing estate in a town. The centre contained adequate communal and private accommodation for the residents. There was a garden which could be accessed freely by residents.

Each resident had an individual bedroom with suitable storage to store their belongings. Some bedrooms had en suite facilities while others had access to shared bathroom facilities. Bedrooms were suitably decorated and residents had personalised their rooms.

Thermostatic controls were in place to regulate the temperature of the water and to ensure residents were protected from risk of scalding.

Appropriate assistive equipment was available for residents, for example grab rails in the bathrooms where required.

The external walls of the centre required painting. The inspector was told this had been identified and would be addressed.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

There were systems in place to promote and protect the health and safety of residents, visitors and staff. Improvement was required to the assessment of some risks to residents and to the procedures in place for ensuring the centre could be safely evacuated in the event of a fire or other emergency in the centre.

There was a safety statement and risk register which set out the risks in the centre and the associated control measures. The risk management policy did not meet the requirements of Regulation 26 and this is discussed further under Outcome 18: Records and documentation.

Residents had individual risk assessments which outlined the risks individual to residents and the measures in place to control the risks. Improvement was required to this as the risk of falling had not been assessed for a resident who, due to their assessed needs, would be at risk of falling. As a result control measures such as the removal of trip hazard in a part of the centre used frequently by the resident had not been identified or addressed.

Each resident had individual missing person profiles, individual plans which outlined residents' support needs in regard to moving and handling and individual personal evacuation plans which outlined the support required by residents in the event an evacuation of the centre was necessary.

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

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

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

The centre had emergency lighting and a fire and intruder alarm. The inspector reviewed the maintenance and servicing records for these and found that they had been serviced.

Staff had received training in fire safety. All residents and regular staff working in the centre had taken part in a fire drill, however relief staff working in the centre had not taken part in a fire drill. Some relief staff were working in the centre alone overnight.

Although fire drills had taken place at different times of the day a fire drill had not taken place at night and it therefore could not be adequately assessed if the centre could be evacuated at night when residents were sleeping. The person in charge had identified this and told the inspector she planned to carry out a fire drill at night in September.

The person in charge had contacted the local fire brigade and had met with a fire officer who said he and his colleagues would carry out a training exercise with residents. The fire officer also said he would identify if there was an aid which could be implemented to alert a resident with a hearing impairment to the fire alarm.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

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

There was a policy and procedures in place for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse.

Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Staff and the person in charge were aware of this person and knew how and when to contact them.

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.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques.

A resident who required support with behaviours that challenge had a support plan in place. This plans clearly outlined the support the resident required and associated responses to be taken by staff supporting the resident.

There were policies and procedures in place on the use of restrictive procedures and physical, chemical and environmental restraint. A resident had a system in place which was used to promote the safety and independence of the resident. It was also used to ensure staff could respond in a timely manner to the resident rather than as a restrictive measure.

There was a system in place to support residents to manage their money. The inspector viewed a sample of residents' finances and found that till receipts were maintained for purchases and all expenditure and income were documented in a ledger.

Some improvement was required to the system in place for ensuring that systems were in place to protect residents from the risk of financial abuse.

A sum of money had been withdrawn from a resident's account over a one month period which was identified as 'pocket money' for the resident. However, the resident had not signed to confirm they had received the money. This was brought to the attention of the person in charge who said a new system would be introduced.

There was a system was in place for balance checking residents' bank statements against the entries in their ledgers, however one resident was not receiving bank statements. It was therefore not evident that the amount in this resident's ledger corresponded with the amount in their bank account.

<p><b>Judgment:</b> Non Compliant - Moderate</p>

<p><b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p><b>Theme:</b> Safe Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> A record of all incidents occurring in the designated centre was maintained. The inspector viewed a sample of these and found systems were in place for responding to incidents.</p> <p>Some improvement was required to the submission of notifications to the Authority. An allegation of financial abuse had not been notified to the Authority as required. The person in charge attributed this to a misunderstanding regarding the necessity of notifying this. The inspector found the allegation had been investigated and appropriate control measures had been introduced to mitigate the risk of re-occurrence. The notification was submitted to the Authority the day after the inspection.</p>
<p><b>Judgment:</b> Substantially Compliant</p>

<p><b>Outcome 10. General Welfare and Development</b> <i>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.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> Residents were supported to access education and training programmes and all residents were accessing day programmes.</p> <p>Day programmes were provided by the provider which provided day programmes in the locality. There was evidence of good communication between the residential centre and</p>

the day centre. Residents had a 'keyworker' in both centres and circle of support meetings and case review meetings were attended by both keyworkers, managers of the centres and family members.

A timetable of the training programme residents were partaking in was maintained in the centre. The inspector viewed a sample of these and saw that residents were taking part in horticulture, baking, community skills and drumming.

Residents were supported to access activities in the evenings and at weekends in line with residents' wishes. On the days of inspection residents were supported to go on outings to Dublin and Knock and to attend hair and dental appointments in line with their wishes and needs.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

Residents were supported to achieve and enjoy the best possible health.

The inspector viewed a sample of residents' personal plans which showed that the residents' health needs were being identified and responded to. Comprehensive notes of appointments were maintained. All residents had received an annual health check which had been completed by the general practitioner.

Residents were supported to access their general practitioner (GP) and allied health professionals as required. Residents had attended the dentist in recent months and residents were being supported to attend the hygienist in line with their needs. A resident who had made specific request regarding a dental aid was being supported to access the aid they requested.

A resident who required a modified consistency diet had an assessment by the speech and language therapist and staff had received training in supporting the resident. The inspector observed staff supporting the resident with a meal and the modified meal looked and smelled appetising.

Food was available in adequate quantities and residents were supported to make healthy food choices. The inspector observed a mealtime and found it was a pleasant social experience. Residents requiring support were offered support and encouragement

in a dignified manner. The meal looked and smelled appetising and a resident said they enjoyed the meal.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to the resident. Improvement was required to some documentation to ensure residents were protected by safe practices.

The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. For example, medication was stored in a locked press and the keys were held by staff on duty.

Staff who administered medication had received training in the safe administration of medication.

There were appropriate procedures for handling and disposing of unused and out-of-date medicines.

Improvement was required to the prescription sheets as they did not contain all required information. For example, the maximum dose of PRN (as required) medication, the resident's address and the resident's date of birth was not contained on all prescription sheets.

Improvement was required to the procedures for administering PRN (as required) medication as there were no protocols in place to guide staff practice in administering these medications.

The system for checking the stock of medication required review to ensure residents were protected from the risk of an unidentified medication error. Although incoming and outgoing medication was counted it was unclear as to the reason for a surplus in the medication in stock.

**Judgment:**

Non Compliant - Moderate

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

There was a written statement of purpose which sets out a statement of the aims, objectives and ethos of the designated centre. It also states the facilities and services which are to be provided for residents.

The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

The inspector was told the statement of purpose will be kept under review at intervals of not less than one year.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

The centre had a clearly defined management system in place with clearly defined roles of authority and accountability. Improvement was required to the consultation with residents and their relatives in regard to the annual review of the quality and safety of care and support in the centre.

The person in charge worked alongside staff in delivering the service to residents. Both

the person in charge and the person charge's line manager were present on both days of inspection and both said there was good communication across all levels of the organisation.

The person in charge was interviewed on the second day of inspection. She was knowledgeable of the legislation and her statutory responsibilities. Residents were observed interacting with the person in charge and it was evident they knew her well.

The inspector viewed documentation which showed that unannounced visits had been carried out in the centre. It was evident areas for improvement were identified and responded to.

An annual review of the quality and safety of care and support in the centre had taken place the week prior to the inspection. Although the annual review outlined how residents and their relatives were consulted with throughout the year the provider had not consulted with the residents and their relatives as part of the annual review. This had been identified by the provider and a senior manager outlined the measures which were being implemented to address this. This included tools which would be formulated with the input of a speech and language therapist to ensure the tool meets the needs of residents.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge had not been absent from the centre for a period which would require notification to the Authority.

The person in charge's line manager was the person identified as the person who would act as person in charge of the centre in the absence of the person in charge. The line manager was present on both days of inspection and was knowledgeable of the person in charge role should he be fulfilling the role.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

This was the centre's first inspection by the Authority.

**Findings:**

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

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

The premises had been maintained to an adequate standard.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The staff rota was arranged around the assessed needs of residents. Formal supervision was taking place and minutes of meetings and actions agreed was maintained. The person in charge was working alongside and informally supervising staff on an ongoing basis.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to abuse, moving and handling, resuscitation and the safe administration of medication. The person in charge identified the need for refresher training for two staff members in feeding, eating, drinking and swallowing (FEDS) and had a plan in place for addressing this.

There was a very small turnover of staff in the centre. The inspector found staff were committed to enhancing the lives of the residents and it was evident staff and the person in charge viewed their role as one of supporting the residents to have the best possible life.

There were two volunteers working in the centre. An inspector viewed the file maintained for the volunteers and found appropriate documentation was maintained including evidence of An Garda Síochána vetting, the roles and responsibilities of the volunteer and supervision records.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

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

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

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

An inspector viewed the directory of residents and found that it contained all required information.

An updated risk management policy was in draft format. The inspector viewed a copy of the policy and procedure and found that although it referred to the risks specified in the

Regulations (the risks of the unexpected absence of any resident, accidental injury to residents, staff or visitors, aggression and violence and self harm), it did not specify the measures and actions in place to control these risks.

In addition, the policy and procedure on risk management did not outline how the provider would ensure that the arrangements to ensure risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered. The policy required review to ensure it met the requirements set out in Regulation 26 (1).

**Judgment:**

Substantially Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Lorraine Egan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0004062
<b>Date of Inspection:</b>	25 August 2015
<b>Date of response:</b>	13 October 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:**

It was not evident that a resident had been supported to exercise choice and control in regard to infrequent closures of the centre which necessitated the resident staying in another centre.

**1. Action Required:**

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

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

An addendum to the contract of care will be issued to all resident's, families/guardians clearly indicating the quantum of service being provided. Along with this, for any resident who has a contract of care for 52 weeks per year and the service is not able to provide this, then a separate Residential Respite contract of care is being issued.

**Proposed Timescale:** 13/11/2015

**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 of a resident falling had not been identified or responded to.

**2. Action Required:**

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

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

The risk identified has been included in the resident risk assessment. A new risk assessment has been carried out and this will be reviewed annually or earlier if required.

**Proposed Timescale:** 31/08/2015

**Theme:** Effective Services

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

Some staff had not taken part in a fire drill in the centre and it was not evident the centre could be evacuated in the event of a fire at night.

**3. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The staff member concerned has now completed a night time fire drill which took place on 02/09/2015.

**Proposed Timescale:** 02/09/2015

## **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Some measures in place for supporting residents to manage their finances were not adequately robust to ensure residents were not at risk of financial abuse.

**4. Action Required:**

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

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

(a) An audit by the Finance Department has taken place. All residents' finances are checked twice weekly by two staff members and an unannounced check by the Person in Charge is done fortnightly.

(b) The process for two residents to open a bank account has begun and this will facilitate the payment of their Disability Allowance directly into their personal bank account.

**Proposed Timescale:** (a) 30/08/2015 (b) 30/10/2015

## **Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

An allegation of financial abuse had not been submitted to the Authority as required.

**5. Action Required:**

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

This instance of financial abuse identified has been submitted to the Authority.

**Proposed Timescale:** 27/08/2015

## **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:**

Improvement was required to documentation to ensure that medicine which is

prescribed is administered to the resident for whom it is prescribed.

**6. 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:**

A new policy has been developed on Medication Management. The new policy removes the risk of transcribing. MARS sheets and Cardex systems are produced by the Pharmacist and are being countersigned by the GP.

This will ensure that prescribed medicine is administered to the resident for whom it is prescribed.

**Proposed Timescale:** 30/08/2015

**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 annual review did not provide for consultation with residents and their representatives.

**7. Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The Annual Review has now taken place in accordance with the Regulations. Input from residents and their families is now included.

**Proposed Timescale:** 30/08/2015

**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 policy on risk management did not meet the requirements of Regulation 26 (1).

**8. 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:**

The risk management policy has been reviewed to ensure that the policy reflects all risks as identified in the regulations. This draft policy will be presented to the Policy Advisory Group and then the draft policy will be considered and approved by the Board of Directors.

**Proposed Timescale:** 30/11/2015