**Centre name:** A designated centre for people with disabilities operated by Ability West  
**Centre ID:** OSV-0001510  
**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:** 5  
**Number of vacancies on the date of inspection:** 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**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 September 2015 11:00</td>
<td>29 September 2015 19:30</td>
</tr>
<tr>
<td>30 September 2015 09:30</td>
<td>30 September 2015 14:45</td>
</tr>
</tbody>
</table>

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

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

**Summary of findings from this inspection**

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days. As part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall the inspector found the centre to be a well managed, person centred environment where residents achieved personal development skills with the support of committed staff. Families of residents spoken with during the course of the
inspection were complementary of the service and staff. They described the centre as friendly, welcoming and a ‘home from home’ environment.

Residents met and spoken with during the course of inspection told inspectors they were happy with the service they received, they liked the house and their bedrooms. There were plenty of photographs of residents throughout the centre of them on holidays, visiting RTÉ studios and attending concerts.

Person centred plans identified goals which had been identified through person centred planning meetings. Some goals had already been achieved by residents which had enhanced their independence, life skills and self esteem.

As part of the application for registration, the provider was required to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents had been submitted by the provider, for the purposes of application to register.

The person in charge and area manager (PPIM) demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

The designated centre is operated by the Ability West and comprises a single residential community home in the suburbs of Galway city.

Fourteen outcomes were found to be in full compliance and four in substantial compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority’s Standards.
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:
Overall residents’ rights and dignity were promoted and supported within the centre. Consultation with residents occurred regularly. Their choices were respected and influenced the running of the centre. Residents’ financial affairs were well managed and activities for residents were suited to their abilities and interests.

Bedrooms were personalised to each resident’s taste. Bedrooms and bathing facilities had provision for privacy and storage of personal belongings to meet the needs of residents. Residents had lots of space for privacy and contemplation in the centre.

There were two spacious living rooms, a large kitchen and a separate dining room. Some residents’ medical conditions, for example, caused them to experience mental health deterioration which could result in episodes of behaviour that is challenging. The size and layout of the centre ensured dignity and privacy for all residents during these difficult times.

Activities available in and out of the centre were age appropriate and reviewed regularly through consultation with residents, their key worker and family. All residents had opportunities to engage in activities in the day and evening time each week.

Residents had opportunities to meet visitors in the centre. A visitor book was maintained and there was an organisation specific policy and procedures to support this practice as required in Schedule 5 of the Regulations. Residents had the opportunities to meet visitors in private if they wished and were facilitated to visit family and friends outside of the centre also. Family members spoken with outlined the pleasant welcome they
received when they visited and described the centre a 'home from home' for their relative.

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. The inspector reviewed a sample ledger and checked receipts against entries, these were found to be in order and balances were correct. A resident who had recently increased the number of weekends they stayed in the centre. They had paid charges for those weekends as set out in their contract of care. These charges had been documented in an accounts ledger for the centre. However, the resident had not received a receipt for proof of payment. During the course of the inspection the person in charge, backdated receipts for the resident and confirmed receipts would be issued going forward.

Residents had access to advocacy services and leaflets from an advocacy service with contact details were available for residents if they wished to use them.

Effective policies and supports were in place to ensure residents received consultation about their care and about the organisation of the centre. In an effort to make consultation procedures more centre specific and in an accessible format, in line with residents’ age and abilities; the management team had 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. The inspector reviewed a sample of complaints which had been logged. They were well documented and responded to in a timely way. The complainant was informed of the progress of their complaint and their satisfaction with how the complaint was dealt with was documented. Complaints were reviewed by the area manager (PPIM) 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. The most recent meetings had taken place the 22 and 28 of September 2015. Each meeting had minutes which were documented by an assigned minute taker. Some items discussed at the meetings included, discussions relating to HIQA inspection and what to expect, getting new curtains for the living room and a photograph of the curtains that may be purchased.

The complaints procedure, fire safety, health eating and household chores were also discussed. Residents’ feedback was documented and taken into consideration in how the house operated. Other times when residents were asked for their opinion, such as what they wanted to do for the evening or the weekend, these were documented also.
Judgment: Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme: Individualised Supports and Care

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

Findings:
Residents were supported to communicate at all times in the centre. Effective systems were in place that ensured their individual needs were met. The inspector observed residents independently use their individual communication systems and staff observed and spoken with were knowledgeable of them.

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. Each resident had been assessed by the speech and language therapist (SALT) as required and recommendations were documented in their personal plans relating to the SALT review.

Residents that required specific communication supports had an individualised communication profile in their personal plan. Various mode of communication were used to support all residents in the centre. For example, a selection of coloured picture cards had been developed to assist residents in planning the weekly meals. Staff and some residents used ‘Lámh’, an Irish sign language system. Each week a useful ‘Lámh’ sign was chosen whereby all staff and residents used it in various times during the week. This encouraged learning of signs in a meaningful context.

There was a variety of information displayed in accessible format on notice boards, including complaints procedure, information on local community and entertainment events, key workers on duty. A small black board in the dining room indicated items to be discussed at the next house meeting and the date.

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.

Televisions and radios were located throughout the centre and residents had access to a computer and use of the internet which was governed by an organisation internet usage policy with procedures.
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:
Residents had lived in the centre for a number of years and had a presence in the locality, for example, residents regularly visited the nearby shops, cafes, restaurants and community festivals and events. Family links were encouraged also. The inspector spoke to some family members during the course of the inspection. They were very complimentary of the service and felt the centre was a home from home. They felt welcome when they visited, they could chat to all residents and staff about any concerns if they had to.

A family member outlined the way their sibling had been supported to undergo a medical treatment. They were very happy with the person centred way staff had managed it and brought the inspector a copy of the hospital passport information which they had given to staff in the hospital and also to the resident to explain the procedure they were having. This support had brought about a successful outcome.

Another family member outlined their satisfaction with the centre and how it was run. They were concerned staff had been too focused on paper work leading up to the registration inspection which could take away from the excellent work staff did directly with residents. The inspector outlined aspects of the regulations and standards to them and discussed various aspects of the inspection process. Overall, they were delighted with the care their son received and did not want any changes.

Residents and staff held a yearly tea party in the centre where they invited families and friends of residents to attend. Families told the inspector that this was a very special happy occasion and they found it a great way to keep families connected with and create bonds with the families of other residents.

Residents' families attended 'circle of support' meetings and were involved with decisions relating to residents lives.

A resident had a pet cat, they had a great bond and love for their pet and this was supported by staff working in the centre. They supported the resident to care for their pet by helping them buy appropriate pet food and attend veterinary appointments, for
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:
All residents had a signed contract of care which dealt with the support, care and welfare of the resident. It included details of the services to be provided for that resident and the fees to be charged.

Residents that stayed on a respite or part time basis had contracts specific to their arrangements with fees specified.

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

Findings:
Residents social care needs were well met in this centre. Personal plans documented comprehensive information about residents’ personal goals, allied health professional
assessments and recommendations and health care assessments and information. Person centred planning and 'circle of support' meetings formulated the goals for residents based on their interests, abilities and identified needs.

From a sample of resident's personal plans reviewed they were found to be individualised and person centred, for example; the resident's needs, choices and aspirations were clearly identified. There was also evidence of a multi-disciplinary team input documented such as psychiatry, physiotherapy and speech and language therapy recommendations. (SALT)

There were opportunities for residents' to participate in activities geared towards their interests and capabilities. Some residents attended a day service provided by Ability West Organisation. Activities residents participated in there included shopping, literacy skills, arts & crafts, yoga, bowling, football, swimming and learning 'lámh', an Irish sign language communication system.

Residents were supported by staff working in the centre to participate in recreational activities in their local community; such as attending concerts or community seasonal events, going for a coffee or dinner.

Some goals identified in the sample of plans reviewed included going on holidays, a visit to RTÉ studios and participate in the audience of a game show, which had been achieved. Other goals were to enhance cooking skills and work in a cafe. The inspector observed the resident engage in cooking the evening meal in the centre during the inspection. The resident told the inspector they really enjoyed helping make dinner for everyone.

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

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 06: Safe and suitable premises</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Effective Services

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

**Findings:**
The location, design and layout of the centre were suitable for the needs of residents as set out in their personal plans and statement of purpose. A number of residents living in the centre experienced seizures associated with epilepsy. These could be triggered by stress, anxiety or excessive stimulation. The layout of this large designated centre afforded residents with lots of space, privacy and low levels of stimulation which met the needs of residents well.

Overall, the inspector found the centre to be a comfortable, clean, spacious pleasant place for residents to live in. There were two living rooms in the centre. Both were spacious with comfortable furnishings. Curtains in one living room needed replacing and a plan was in place to purchase fire retardant modern/contemporary design curtains that all residents had been consulted about.

Each resident had their own bedroom each decorated to residents’ personal taste. Two residents attended the centre on a part time basis, which meant they attended on a week on week off basis. In the bedroom they shared was a wardrobe. Each resident had their own section of the wardrobe and a key to lock their belongings away when they were not staying. The inspector asked one of the residents staying in the centre at the time of inspection if they were happy with the arrangement. They said they were because they had their own key to keep their belongings safe.

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

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

There were adequate laundry facilities within the centre. It had a large bright utility room. It was supplied with a washing machine and dryer. Residents’ clothes could also be dried outside as another option. In response to a complaint made earlier in the year, a covered clothes line had been erected on the side of the shed to ensure clothes could be dried outside most times irrespective of the weather. There were suitable arrangements for the safe disposal of general and clinical waste when required.

The kitchen in the centre had been refurbished in recent times. It was a contemporary, large space with lots of natural light and space for residents to comfortably engage in cooking and eating meals with a choice of places to dine, either in the kitchen or separate dining room.

An extension had been built onto the centre to meet the needs of a resident. This space was large and comfortable. It comprised of a small hall, bedroom and therapeutic room which contained a comfortable chair and bean bag the resident could relax on. There was an exit door from this space which meant the resident could go outside if they wished. Another door led from this space to the utility room and into the kitchen of the centre. The resident had unhindered access to and from this space. Each door in the space had a thumb turn which the resident could use for their privacy but exit when
they wished.

Judgment:
Compliant

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

Findings:
The health and safety of services users, visitors and staff was adequately provided for in the centre. Some personal safety risks for residents had not been carried out.

Fire extinguishers had last been serviced in 20 May 2015. There was an up to date record of fire drills. A fire drill had last occurred 29 August, all residents had participated and no issues were identified. A night time drill was carried out 19 August at 5.35am evacuation had taken 1 minute 12 seconds. All fire drills were reviewed by the health and safety manager for the organisation as a quality assurance method. Each resident had an individualised personal evacuation plan that documented the type of assistance they would need during an evacuation of the centre.

The fire alarm system received an annual service and had been serviced January 2015. Exits throughout had thumb lock systems fitted which allowed for ease of opening the exit in the event of an emergency evacuation. 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.

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.

Potential risks and hazards in the centre were documented in a ‘risk register’. This identified and documented potential risks. Each risk was graded using a risk potential/severity matrix. Risk reduction strategies were documented against each risk. While the risk register was detailed some personal safety risks associated with epilepsy had not been documented.

Carbon monoxide monitors were used in the centre and tested monthly with checks documented.
Organisational policies and procedures contained the matters as set out in the regulations relating to self harm, aggression and violence, accidental injury and unexpected absence of a resident. 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.

**Judgment:**
Substantially Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 08: Safeguarding and Safety</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| **Theme:** |
| Safe Services |

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

| **Findings:** |
| Measures were in place to safeguard residents and protect them from abuse. There was a policy and procedures for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse. There were no restrictive practices in use in the centre at the time of inspection. |

Staff working in the centre had received training in the prevention, detection and response to abuse. Refresher training was also available to staff to ensure their skills and knowledge was maintained and up to date. There were no allegations of abuse under investigation at the time of inspection.

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. Residents had opportunities to avail of intimacy and sexuality life skills training. There was evidence to indicate such training would be offered to residents of the centre, their names had been put onto a specific waiting list.

Staff working in the centre had received training in the management of behaviours that challenge and de-escalation techniques. Residents requiring some supports had these documented in their personal plan. These detailed identified situations which may raise a resident’s anxiety or stress and offered guidance for staff of what to do in those circumstances.
situations to mitigate this. Residents’ mental health was supported through regular checkups and liaison with allied health professionals.

Restrictive practices, for example the use of chemical and environmental restraints had been discontinued. At times it was necessary for staff to use de-escalation strategies to direct residents to use certain geographical spaces within the centre for the purpose of anxiety and stress reduction. These strategies worked and had reduced the necessity for restraint in the management of behaviours that challenge.

However, at the time of inspection one room still contained some items that had been used as environmental restrictions in the past, for example, a Perspex panel which was placed in front of the window in the room. While environmental restrictions were no longer in use, they impacted on the therapeutic quality of the space and required review and removal if no longer used.

**Judgment:**
Substantially Compliant

### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

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

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

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
Residents’ general welfare and development needs were supported in the centre. ‘Circle of support’ meetings and a person centred planning process were some of the methods used to establish residents' educational, employment and personal development goals.

Residents had opportunity to attend personal development activities suited to their interests and capabilities, for example day services, training centres or employment. Residents engaged in social activities within and out of the centre, for example, residents had attended concerts, comedy shows and participated in live audiences of their favourite game shows.

There was evidence to indicate residents’ physical conditions did not impact on their quality of life and opportunities available for them. Residents were not hindered by risk aversive policies and procedures. This was encouraging.

Staff were confident in their ability to manage emergency situations, such as a resident having an epileptic seizure whilst engaging in activities or achieving goals. During the course of the inspection, the inspector observed residents engage in their daily routines as normal while their medical condition was monitored and responded to in a person centred, safe and dignified way.

Judgment:
Compliant

<table>
<thead>
<tr>
<th>Outcome 11. Healthcare Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents are supported on an individual basis to achieve and enjoy the best possible health.</td>
</tr>
</tbody>
</table>

| Theme: |
| Health and Development |

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

Findings:
Residents' healthcare needs were assessed and monitored by staff and allied health professionals across a wide range of health related areas. The care provided met their needs.

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 had also received assessment and intervention recommendations to meet their needs, epilepsy outpatient services, mental health services, occupational therapy and dietician, for example. Residents received an annual health check and had access to preventative health checks, such as dental checks.
Residents had been supported to attend hospital appointments in a person centred supportive manner in line with their understanding and abilities. There were other examples of residents receiving support from multi-disciplinary teams for the integrated supportive management of a rare form of epilepsy. Care plans and management procedures were in place for residents with epilepsy. They had been reviewed by a clinical nurse specialist in epilepsy to ensure they were in line with best practice.

The inspector observed staff support residents experiencing epileptic seizures during the course of the inspection. They were managed in line with residents’ prescribed care plans in a discreet yet supportive manner. Staff spoken with were knowledgeable of emergency responses to epilepsy, when and how to administer emergency medication and use of seizure monitoring equipment used at night time.

There was ample space for preparation and storage of fresh and frozen produce in the centre. 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. Cupboards in the kitchen had adequate stocks to prepare meals and snacks for residents. The kitchen was contemporary, large and bright.

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:**
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:**
Overall the inspector found medication management met with good compliance. Written operational policies and procedures were in place for the safe storage, administration and disposal of medications.

Changes to the policy meant transcribing was no longer carried out by staff in the centre and medications were written up and signed by residents’ GPs or prescribing Doctors.

Medications were securely stored in locked storage unit. No medications required refrigeration. Residents requiring crushed or modified consistency medications were prescribed such in liaison with resident’s GP and pharmacist and this was documented.
on medication administration recording sheets.

Staff working in the centre had completed medication management training with evidence of refresher training in staff records. Some residents were prescribed medication as first response in the management of epileptic seizures. Staff had also received training in administration of this medication.

Some residents engaged in self medication practices. The inspector reviewed these practices and found them to be in line with organisational policies and procedures.

**Judgment:**
Compliant

---

**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

---

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

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

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 an excellent knowledge of residents’ needs.

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 comprehensive understanding of organisational policies, procedures and regulatory responsibilities and were involved in the development of some policies and participated in policy working groups within the organisation.

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 interviewed the person in charge and found that she was knowledgeable of the residents, the centre, the legislation and her statutory responsibilities. She had engaged in ongoing continuous professional development and had attended a seminar relating to capacity and assisted decision making in University College Galway in January 2015.

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 other key clinical indicator audits had been carried out by the person in charge relating to medication management and fire safety management systems.

A data record of incidents was available for review. This gave an overview of incidents in the centre over a specific period of time. While the data record of incidents was comprehensive, it was difficult to ascertain what some data related to, for example, 'other' sometimes indicated a medication error but this was not elaborated on. It was unclear if the data influenced practice changes in the centre or resulted in control measures put in place to mitigate identified risks.

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 for a prolonged period since commencement of regulation and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.

The area manager was identified as a person participation in management. They assisted the person in charge in her role and also deputised in her absence.

**Judgment:**
Compliant

---

### Outcome 16: Use of Resources

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

**Theme:**
Use of Resources

---

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

**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 this was evidenced during the inspection when some adjustments to a door were required. Before the close of the first day of inspection the issues had been addressed with care and attention to detail, fire compliance and privacy options.

The centre was suitably resourced with medical monitoring equipment to meet the specific needs of some 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied there was enough staff working in the centre during the two days of inspection which matched the documented WTE numbers set out in the Statement of Purpose. Staffing numbers were set to match the needs of residents and their needs for supervision and support with due regard to some physical health needs they had.

The person in charge maintained a planned and actual duty roster. The inspector reviewed a copy of these and found staffing numbers were maintained at the numbers indicated in the Statement of Purpose.

Staffing numbers and skill mix were appropriate to resident’s assessed needs. A staff member slept in the centre at night time. An emergency call system was in place to alert staff should a resident have an epileptic seizure during the night. Staff that slept over in the centre demonstrated knowledge of the system and how to use the equipment.

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

Training records showed ongoing training for all staff working in the centre. They had received medication management, challenging behaviour management, fire safety, manual handling, non-violent crisis intervention training, fire safety management, manual handling, communication champion and client protection training. They had also received training in administration of emergency medication for the management of epileptic seizures and management of respiratory emergencies. They had also received training on epilepsy and best practice management.

However, staff had not received training in a specific rare form of epilepsy which presented with complex symptoms requiring specialised skilled responses.

**Judgment:**
Substantially Compliant
**Outcome 18: Records and documentation**

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

**Theme:**
Use of Information

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

**Findings:**
Records were maintained in a manner which ensured completeness, accuracy and ease of retrieval.

The centre was insured against accidents or injury to residents, staff and visitors and the policy was up to date. Transport used in the centre had up to date insurance and tax.

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.

It also included information in relation to a pet belonging to a resident and the arrangements for its care and welfare.

**Judgment:**
Compliant
**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ability West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001510</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>29 September 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>30 October 2015</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 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:
While the risk register was detailed some personal safety risks associated with epilepsy had not been documented.

1. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management

---
1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The PIC has completed the risk register to include the specific risk associated with epilepsy.

Proposed Timescale: 21/10/2015

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While environmental restrictions were no longer in use, they impacted on the therapeutic quality of the space and required review and removal if no longer used.

2. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
The PIC has completed an OT referral to review the therapeutic value of the space provided. Once this has been completed, a Multidisciplinary Team meeting will take place to review the removal of the Perspex over the window.

Proposed Timescale: 30/11/2015

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:
While the data record of incidents was comprehensive, it was difficult to ascertain what some data related to, for example, 'other' sometimes indicated a medication error but this was not elaborated on.

It was unclear if the data influenced practice changes in the centre or resulted in control measures put in place to mitigate identified risks.

3. 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:
Within Ability West, the Quality Management Information System (QMIS) is being reviewed, so that the description/narrative will appear beside the graphs so that information in relation to incidents is visible. This will then allow the PICs to use the QMIS system as a more comprehensive aid to review risks.

Proposed Timescale: 30/11/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not received training in a specific rare form of epilepsy which presented with complex symptoms requiring specialised skilled responses.

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

Please state the actions you have taken or are planning to take:
The PIC is researching where best to obtain training in relation to the specific/complex epilepsy of the said service user. This is being completed in conjunction with the Positive Behaviour Support Manager and the Training Co-ordinator.

Proposed Timescale: 30/11/2015