

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0001485
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	3

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 3 day(s).

The inspection took place over the following dates and times

From:	To:
15 September 2015 10:15	15 September 2015 18:30
16 September 2015 10:30	16 September 2015 18:00
30 October 2015 11:30	30 October 2015 15:00

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 designated centre is made up of two houses, one of the housing units now included in this centre previously formed part of another designated centre and a monitoring inspection was carried out there in 2014.

During the registration process the provider applied to reconfigure the service to best meet the assessed needs of all the residents by adding the housing unit mentioned above to this designated centre. This reconfiguration increased occupancy in the centre from six to nine. The new unit was inspected as part of this registration inspection.

For the purposes of this report it is acknowledged throughout the report that this is the first inspection of this centre in its current configuration by the Authority

As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. During this inspection the inspector found a high level of compliance with the Regulations, with fourteen of the outcomes reviewed being judged as compliant and one as substantially compliant.

Evidence of good practice was found throughout the service. Residents' health and social care needs were well met. There were comprehensive assessments and personal plans for each resident and residents had good access to general practitioners and health care and mental health support services.

The centre was comfortable, appropriately furnished and well maintained and residents had good access to the local community. Staff and residents knew each other well, residents were observed to be relaxed, happy and comfortable in the company of staff.

There were fire safety controls and other safety measures to promote the safety of residents in place, although some improvement was required to the identification and recording of risk and its control measures.

Three outcomes were found to be moderately non-compliant and included safe and suitable premises, risk management and governance/medication auditing. Improvements were required to auditing of medication/identification of medication errors and to the laundry area in one of the houses. In addition, some minor improvement to the statement of purpose was required. Issues relating to the autonomy of residents were identified during the first two days of the inspection, but the centre had been reconfigured during the inspection to address these issues.

Findings from the inspection and actions required are outlined in the body of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that residents were consulted in how the centre was planned and run and their privacy and dignity were respected. However, there were some issues which impacted on residents' enjoyment of the house, but measures were introduced to address this during the inspection process.

There were weekly residents' meetings during which residents could make plans and discuss issues of importance to them. Staff also used meetings as a forum to share information with residents. Minutes of meetings showed that topics discussed included the forthcoming HIQA inspection, healthy eating and lifestyle and feedback on summer outings.

At these meetings residents also decided on the weekly menu for the following week and planned the shopping list and these were recorded. A main weekly shop was carried out at the weekends and some additional shopping for fresh produce was done during the week as required. Residents had the option of shopping with staff if they wished to.

The inspector viewed the complaints process and found that they were suitably managed, with details of the complaint, investigation and outcome recorded. The number of complaints received had been very low. There was a complaints policy, which included an independent appeals process to guide staff and also a clear and accessible complaints procedure was written in a legible format. The person in charge kept complaints under review for the purpose of improving the service. These were also reviewed by the management team to ensure they were appropriately managed and resolved.

The inspector found that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. An intimate personal plan had been developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.

All residents had single bedrooms which were well furnished, had ample storage space and were decorated with photographs and personal belongings. There were sufficient spacious, well equipped bathrooms available to residents.

Some residents' bedrooms were also used by respite residents when residents' went home for weekends. The person in charge had put measures in place to ensure that the privacy, comfort and individuality of these residents were not compromised by sharing their rooms. When the occupancy of the room was changing staff carefully packed all the vacating resident's personal belongings and clothing and these were securely stored and replaced in the same manner before the resident returns. This ensured that none of their belongings were shared or used by any other person. Resident to which this applied, or their representatives, had been consulted and had signed consent forms if they were in agreement.

Residents' civil and religious rights were respected. The person in charge explained that voting had been discussed with residents but none had wished to vote in recent elections or referenda. Roman Catholicism was the only religion being practiced in the centre and residents were given the option to attend Mass, accompanied by staff, if they wished. An advocacy service was available to residents.

There was some limitation on residents' access to all aspects of the living environment noted at the start of the inspection but this had been resolved by the completion of the inspection. Initially all residents did not have free access to the kitchen as this was controlled and some decorative features, such as pictures, had been temporarily removed to address one resident's needs. Since the reconfiguration of the service the restriction on access to the kitchen was no longer required. The person in charge explained that pictures and decorative features were being re-introduced in consultation with residents. Access to the kitchen in the new unit was not restricted.

There were arrangements for the safekeeping of residents' money by staff and the inspector found that residents' finances were managed in a clear and transparent manner. This money was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance records were maintained for each resident, all transactions were clearly recorded and signed and receipts of transactions were retained. The system was regularly audited by the person in charge and no discrepancies had been noted.

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:

There were systems in place to assist and support residents to communicate.

Assessments had been undertaken and communication profiles, which identified the most appropriate communication techniques for each resident, had been developed. The communication profiles were clear, legible and specific to each person's needs. Objects of reference, pictures and symbolism were used by staff to enhance communication with residents. For example, a selection of coloured picture cards had been developed to assist residents in planning the weekly meals.

Staff used 'Lámh' sign language for aid communication with some residents with impaired hearing and one resident had also learned the use of 'Lámh' which she used to communicate with these residents.

A hospital profile had also been developed for each resident which contained all relevant information pertaining to the resident in an accessible format. In the event of a hospital admission these would be used to communicate a range of important information about residents to hospital staff.

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 and Mass times in the local area.

All residents had access to televisions, radio, postal service, telephone and magazines.

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 who lived in the centre were supported to maintain relationships with their families. All residents, including those receiving respite care, were encouraged and supported to interact in the local community.

There was an open visiting policy. Family and friends could visit at any time and there was sufficient space for residents to meet visitors in private if they so wished. Long term residents also visited and stayed with family members regularly throughout the year. During the inspection relatives of a resident came to visit the centre and another resident returned from visiting family. Important people in the lives of residents were identified in residents' personal plans and details of how they could contact these people were retained.

Families were invited to attend and participate in residents' 'circle of support' meetings which took place every six months or more frequently if required. At these meetings residents, their family and key workers reviewed residents' personal goals and worked towards achieving them.

Records indicated that families were kept informed and updated of relevant issues. Residents visited one of two day services each weekday where they had the opportunity to meet with and socialise with friends and to avail of educational opportunities.

Residents were supported to go on day trips, shopping, attend sporting and entertainment events, visit the hairdresser and dine out in local restaurants and cafes.

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:

Contracts for the provision of services were agreed with all residents. The inspector reviewed some contracts and noted that they included the services to be provided and the fees to be charged including the details of additional charges such as grocery and housekeeping contributions.

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

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:

The inspector found that residents' social care was promoted through a high standard of evidence based care and support. Residents' personal plans identified their social care needs and provided guidance on how to meet these needs.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found that personal plans focussed on improving the quality of residents' lives. Residents' individual goals were identified and the personal plans were regularly reviewed and target dates for actions to be completed were set.

The person in charge had a system in place to ensure that support was provided to meet these goals. The inspector found that staff were sufficiently familiar with this information.

Staff supported residents to participate in social interests of their choice, such as going for walks and drives, going out to restaurants, planned outings and attending musical or sporting events.

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 initially comprised of a two-storey house which was well maintained both internally and externally. Since the initial application for registration the provider applied to include an additional unit to the service. This was inspected on the third inspection day. The additional unit is a single-storey self-contained house, which provided three residential spaces but was initially to be occupied by one resident.

Both houses were clean, warm and comfortable and suitably furnished. There was also a sensory room for residents use in one house and staff offices in both houses.

There was a variety of communal day space including sitting rooms and kitchens in each house. One house had a separate dining room, while the other had a dining area and kitchen combined. The inspector found the kitchens to be well equipped and clean with adequate food storage areas.

All bedrooms were for single occupancy, three of which were located on the ground floor and three on the first floor in one of the houses. The second house was entirely on ground floor level. The bedrooms were bright, well furnished and decorated in colour schemes of residents' choice. Residents had adequate personal storage space in their bedrooms and could lock their bedroom doors if they chose to. There were sufficient toilets, showers and baths on each floor.

On the first days of inspection the inspector found that decorative items such as pictures and ornaments were removed from the communal areas to support the needs of one resident. This impacted on the level of comfort for all residents and was not in keeping with the ethos of the statement of purpose. The provider had since introduced measures to address this and a second house had recently been transferred to the service.

Renovations had recently been carried out in one house to relocate the stairway and widen the corridors to increase safety for residents. The recent building improvement works had reduced the size of the garden of one house, but the person in charge explained that the management team had seriously considered this matter and were satisfied that the renovations to the building were of significant benefit to the residents and increased their level of comfort and safety.

Residents had access to the outdoors and there were secure enclosed areas at the rear

of each house. There were suitable arrangements for the disposal of general waste. This was removed by contract with a private company. There was no clinical waste being generated.

Laundry facilities at both houses consisted of washing machines, tumble driers and outdoor clothes lines. These were accessible to residents who participated in their own laundry with support from staff.

However, in one of the houses the laundry room was located in an outbuilding adjacent to the house. Although this area was spacious, accessible and well equipped, the surfaces were not easily cleanable. In addition, the door was not close fitting which presented a possibility of rodents or other pests entering the area. This increased the risk of cross-contamination as the mops and cleaning equipment used in the house were also stored in this area.

The inspector viewed the maintenance and servicing records which confirmed that equipment was in good working order and that servicing was carried out by suitably qualified people.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff, although some improvement to the risk register was required.

There was a health and safety statement, a risk management policy and a risk register in place. Control measures for the specific risks required by the regulations such as unexplained absence, self harm and accidental injury were included in the risk management policy or in separate procedure documents used in conjunction with the policy. The inspector found that the centre was generally safe and no significant risks were noted during the inspection. Since the reconfiguration the person in charge had reviewed the risk register to reflect this change.

There was a guidance document on the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving

residents as required by the Regulations.

However, the risk register was unclear and did not provide relevant guidance for the control of some identified risks. For example, the guidance on rodent and pest control was inadequate and some of the controls identified to reduce the risk of absconsion did not guide practice.

The management of one fire related risk also required further clarification. Some first floor windows in the house were kept locked to eliminate the risk of accidental fall from a window. This did not impact on the natural ventilation to the rooms as there were also smaller windows which could be opened. However, it did present a risk that the window could not be used for emergency evacuation if required. There was no risk assessment carried out around this practice and no evidence available at the time of inspection to indicate if this was in line with best fire safety practice.

There was evidence that all staff had received training in fire safety. This was confirmed by staff and verified by training records. Staff who spoke with the inspector were clear on what actions they would take in the event of a fire and confirmed that they had received fire safety training and participated in fire drills.

The inspector reviewed fire safety policies and procedures for both houses in the centre. There were up to date servicing records for all fire fighting equipment and the fire alarms.

Fire evacuation drills involving residents and staffs took place approximately quarterly and three fire drills had already been undertaken in 2015. Fire drill had been undertaken both during the day and at times when residents were sleeping. Records of all fire drills were maintained which included the time taken and comments were recorded for learning.

Individual evacuation plans had been developed for each resident. Internal checks of fire safety systems were in place, such as, daily checking of fire alarms and escape routes, weekly checks of fire exit signs and emergency lighting and monthly checks of fire extinguishers and these checks were being recorded. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

The centre was found to be maintained in a clean and hygienic condition throughout. There was an infection control policy to guide staff. Hand sanitizers were located at the front entrance. Training records confirmed that staff had attended training in infection control and hand hygiene.

There was an emergency plan which identified what to do in the event of fire, loss of power or heat and other emergencies. The emergency plan included a contingency plan for the evacuation of residents from the building in the event of an emergency and included details of emergency accommodation.

In addition, there was a personal emergency evacuation plan for each resident, which contained useful information relevant to each person. The emergency evacuation plan

had recently been updated to reflect the reconfiguration of the centre.

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:

There were measures in place to protect residents from being harmed or abused. There was a policy on the safeguarding residents from abuse. The person in charge confirmed that she had received training in relation to adult protection and was knowledgeable regarding her responsibilities in this area and clearly outlined the measures which would be taken in response to an abuse allegation. There was also a staff member in the organisation with responsibility for safeguarding residents from abuse who worked in liaison with the person in charge.

The person in charge stated that all staff had received up to date training in 'client protection'. Staff who spoke with the inspector confirmed that had received this training and were very clear on what actions they would take in the event of suspected or alleged abuse.

There was a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. All staff had attended training on managing behaviours that are challenging. The management team confirmed that they had strong support medical support and worked closely with general practitioners (GPs), psychiatry services and the behaviour support team in the organisation, whose recommendations were implemented. The inspector observed staff interacting with residents in a respectful and appropriate manner.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All recorded incidents and quarterly returns had been notified to the Chief Inspector as required.

The inspector reviewed the incident records which had recently been transferred to a computerised system and found that they were suitably recorded with comprehensive details of all incidents maintained.

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:

The inspector found that residents were supported to participate in education and training to assist them to achieve their potential. Residents had opportunities for new experiences and to develop further skills in both their resource service and in the centre.

For example, all residents chose to attend a weekly music and sensory session in the centre which they said they loved. Some residents also went swimming and were involved in Special Olympics as part of their resource service activity. One resident did weekly volunteer work/training in an organic garden and another had learned to use her own mobile phone. A resident was working on increasing independence by developing the skill to go out independently to visit a friend in the local area.

During the inspection, a resident told the inspector that she would be modelling in a fund raising fashion show in a local hotel within the coming days and was very much looking forward to the event.

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:

The inspector found that residents' health care needs were met and they had access to appropriate medical and health care services.

All residents had access to GP services in the local area. The inspector reviewed a sample of files and found that residents went to see the GP as required.

The organisation could provide residents with access to a range of health support, including physiotherapy, speech and language therapy, occupational therapy, psychology, psychiatry, social work and behaviour management support. Referrals were made as required and outcomes were recorded.

Residents were supported and encouraged to eat healthy balanced diets and participate in regular exercise such as swimming and walking. The inspector noted that residents' nutritional needs were well monitored and staff stated that none of the residents were experiencing weight loss.

Referrals to the speech and language therapist were made as required and the recommendations were implemented. One resident required a modified consistence diet and this was suitably provided. Adapted dishes and cutlery were also provided to support a resident to eat independently.

There were plentiful supplies of food available which were wholesome and nutritious.

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:

The inspector found that there were generally safe medication management practices in place, although one serious medication error was identified during the inspection.

The organisation has recently been working to review its medication policy and to develop improved medication management systems throughout their services. A new medication administration system was being piloted in this service. While the system was generally safe, it was further reviewed and updated during the course of the inspection.

The inspector reviewed prescription and administration records and procedures for the storage of medication. Following some amendment by the management team following the first day of inspection, medications were found to be suitably prescribed, administered and recorded when reviewed by the inspector on the second day of inspection.

However, there was a medication error noted during the inspection which had not previously been detected by staff or the person in charge. This was rectified immediately after the inspection and the person in charge sent the inspector documentary verification of this. Auditing of medication is identified as an action and further discussed in Outcome 14.

Medications that required strict controls or that required to be administered crushed were not in use at the time of the inspection, although the organisation had policies to guide on these processes if required. Residents had been assessed as to their suitability to administer their own medication, but at the time of inspection no self administration was taking place.

All staff had received training in the administration of medications.

There was a clear process in place for the disposal of unused or out of date medication, which ensured that such medication was stored and disposed of in a safe, secure and traceable manner.

Judgment:

Compliant

<p>Outcome 13: Statement of Purpose</p> <p><i>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.</i></p>
<p>Theme:</p> <p>Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>This was the centre's first inspection by the Authority.</p> <p>Findings:</p> <p>There was an informative statement of purpose which described the services provided in the designated centre and met the requirements of the Regulations.</p> <p>However, some required information was unclear and required further development. For example, the total staffing complement was not represented by grade and the arrangements for the supervision of any specific therapeutic techniques delivered were not included.</p>
<p>Judgment:</p> <p>Substantially Compliant</p>

<p>Outcome 14: Governance and Management</p> <p><i>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.</i></p>
<p>Theme:</p> <p>Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>This was the centre's first inspection by the Authority.</p> <p>Findings:</p> <p>The provider had established a clear management structure and systems had commenced to review and improve the quality of service. However, improvement to some aspect of the auditing systems was required.</p> <p>The person in charge worked full-time, was appropriately qualified and skilled and</p>

demonstrated the necessary experience to manage the designated centre. Her leadership skills were evident throughout the inspection. She was knowledgeable about the requirements of the Regulations and Standards, and had a good overview of the health and support needs and personal plans of residents. She was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation.

The person in charge was well supported by the organisational structure. She told the inspector that she worked closely with her line manager, who called to the centre regularly, was contactable at all other times and held supervision meeting with the person in charge every six weeks. The person in charge also attended meetings with her line manager and other social care leaders in the organisation. She also worked closely with residents and their families.

The person in charge kept quality assurance and improvement measures, such as reviews of accidents, incidents and complaints and risk identification, under informal review. Quality auditing was generally undertaken throughout the year at an organisational level and an annual review of the service had been prepared.

However, the auditing of medication administration required improvement, as it was not effective in identifying all potential risks and errors. During the inspection a serious medication error had been identified, which presented a potential risk to a resident. Although the matter had been promptly addressed and the risk eliminated, this risk had not been identified by the person in charge.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

There were suitable arrangements to cover the absence of the person.

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:

There was evidence of adequate resources to ensure effective delivery of care and support. The house was adequately furnished and equipped and there were resources to facilitate residents' occupational and social requirements. In addition, the centre had its own minibuss which staff used to bring residents out.

For example, some residents went out in the bus after dinner on two days of the inspection. On one evening they went to a nearby coastal area for a walk. The person in charge gave examples of when additional staffing had been required and this had been arranged.

Resources had been made available for the restructuring of parts of the house earlier in the year to increase comfort and safety for residents. Recently, the centre had been reconfigured by the addition of an additional dwelling and suitable staffing to best meet the assessed needs of all residents

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:

Staff were present to support residents both in the centre and when they wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for a walk or drive or to attend social events.

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended ongoing training and records of training were maintained in staff files. All staff had attended statutory mandatory training and training in positive behaviour management which was also mandatory in the organisation.

Other training delivered to staff included first aid and training in food consistencies and eating, drinking and swallowing. All staff except one had received medication management training and this staff member was scheduled to receive it in the near future. In the interim she did not administer medication to residents.

The inspector found that staff had been recruited, selected and vetted in accordance with the requirements of the Regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 such as suitable references and photographic identification.

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:

The inspector found that records as required by the Regulations were maintained in the centre.

During the course of the inspections a range of documents, such as the residents guide, medical records, accident and incident records, staff recruitment files and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made readily available to the inspector. Records were neat, clear, orderly and suitably stored.

All policies as required by Schedule 5 of the Regulations were available and up to date.

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:

Jackie Warren
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 report¹

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0001485
Date of Inspection:	15 and 16 September and 30 October 2015
Date of response:	23 November 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 06: Safe and suitable premises

Theme: Effective Services

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

The surfaces in one laundry room were not easily cleanable and the door was not close fitting which presented a possibility of rodents or other pests entering the area.

1. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

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

The surfaces in the laundry room are being reviewed in terms of more suitable surface coverings, for example, more suitable floor covering; the door is also being reviewed by Facilities and Maintenance Department to see if it can be adjusted to be 'close fitting'; if this cannot be done, a new door will be fitted. Additionally, cleaning mops are now being stored by hanging on hooks from the wall, not in direct contact with the floor.

Proposed Timescale: 18/12/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk register was unclear, did not provide relevant guidance for the control of identified risks and some of the control measures identified did not guide practice.

There was no risk assessment carried out around the practice of locking some first floor windows to eliminate the risk of an accidental fall from a window and no evidence available to indicate if this was in line with best fire safety practice.

2. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The risk register and risk assessments have been reviewed and are now more 'service specific', for example, with regard to rodent and pest control, and risk of absconsion. Risk assessment has also been completed around the practice of locking some first floor windows to eliminate the risk of accidental fall from a window, with adequate and suitable control measures in place. Personal Emergency Evacuation Plans (PEEPs) updated accordingly. There was a compartmental fire drill done by staff working alone and procedures adequately followed, a further lone working fire drill will be carried out before 18/12/2015.

Proposed Timescale: 18/12/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Some of the information in the statement of purpose was unclear and did not meet all the requirements of the Regulations.

3. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Statement of Purpose has been revised and now contains all the requirements of the Regulations. This has been submitted to HIQA.

Proposed Timescale: 13/11/2015

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:

The auditing of medication administration was not effective in identifying all potential risks and errors.

4. 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:

Auditing system in place for medication and this has been reviewed and updated, the tool for auditing now contains a number of further sections, including sections encompassing a thorough review of medication prescriptions and detail in this regard. One audit, using this tool, has been carried out in the service in November 2015 and a schedule of further audits is in place, including peer audits. Audits are to take place on a monthly basis, or more frequently if required. This includes the auditing of over the counter medication that has been checked and signed by the person's GP as in the noted error.

Proposed Timescale: 18/11/2015