<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-0004074</td>
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<tr>
<td>Centre county:</td>
<td>Galway</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Ability West</td>
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<tr>
<td>Provider Nominee:</td>
<td>Breda Crehan-Roche</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O'Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tr>
<td>25 November 2015 10:00</td>
<td>25 November 2015 20:00</td>
</tr>
<tr>
<td>26 November 2015 10:00</td>
<td>26 November 2015 16:20</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

This announced registration inspection took place over two days. As part of the inspection the inspector met with residents, staff members and spoke with some family members. The inspector observed practices and reviewed documentation including personal plans, policies, procedures and staff files.

The centre comprises of a purpose built residence and can accommodate up to seven residents. It's located just outside Galway city convenient for public transport and amenities. Residents living in the centre had complex support requirements such as dementia related conditions, epilepsy and mental health illnesses.
Staff were observed to support residents' in a respectful and dignified manner at all times. Residents had opportunities for engagement and community participation in the day and evening times. Family members spoken with were highly complementary of the service. They mentioned they were welcome to visit at any time and found the staff were accommodating and worked hard to ensure a high standard of care.

While staffing numbers allocated to work in the centre were adequate, there was an over reliance upon relief and part-time staff impacting upon the continuity of care provided. This led to a moderate non compliance for Outcome 17: Workforce.

Outcome 7: Health & Safety & Risk Management met with moderate non compliance. This was in relation to fire doors in the corridor of the centre leading to residents’ bedrooms which were not connected to the fire alarm for the centre and held open with a metal clip. The provider told the inspector that these had been fitted to maintain residents privacy. However, the inspector was not assured that this action had adequately considered fire containment measures for the centre.

Sixteen outcomes were found to be in full compliance or 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.
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:
Overall residents’ rights and dignity were promoted and supported within the centre. Consultation with residents occurred through facilitated regular staff/resident meetings. Residents’ financial affairs were robustly managed and activities for residents were suited to their abilities and interests. A complaints policy and procedure were in place which met the matters as set out in the regulations however, the appeals procedure set out in the policy was not clear.

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

Activities available to residents 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.

Most 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.

In circumstances where residents did not have their own bank accounts the inspector reviewed practices to ensure resident’s needs were being met. There was clear evidence to indicate that residents whose finances were managed by their family, for example, had access to resources, equipment, personal belongings and enough finances to participate in activities similar to their peers in the centre. The person in charge and area manager further confirmed this was not an issue.

Residents had access to advocacy services and leaflets from an advocacy service with contact details were available in both residential units.

The organisation used a Human Rights committee to review restrictive practices. Referrals for any restrictive practices used in the centre had been sent to the committee. The inspector reviewed copies of minutes of committee meetings as part of the inspection. Reviews were robust and thorough. The person in charge and area manager had attended the meetings and presented their rationales for use of any restrictive practices in place. Use of restrictive practices used in the centre is further discussed in Outcome 8 of this report.

On the wall in the kitchen a charter of residents’ rights was displayed. Each right identified had a photograph of residents from the centre engaging in examples which demonstrated them enacting their rights.

Policies, procedures 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.

An associated written complaints procedure was also displayed. While this procedure met most of the matters as set out in the regulations it did not clearly state who the nominated person was to deal with complaints. It also required more information with regards to the appeals process. During the course of the inspection the person in charge made changes to the procedure, which the inspector reviewed. The changes made by the person in charge ensured the procedure met with compliance.

While the local complaints procedure was in compliance the organisational policy for complaints required improvement in relation to procedures for the implementation of the appeals process. It mentioned that an appeals process could be availed of and identified certain persons within the organisation with responsibility to carry it out. However, it did not provide an outline of how those responsible carried out an appeals procedure.

**Judgment:**
Substantially Compliant
**Outcome 02: Communication**

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
Assessments had been undertaken and communication profiles developed, 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.

Staff used ‘Lámh’ sign language for aid communication with some residents with impaired hearing. A ‘Lamh’ sign of the day was displayed in the corridor of the centre. This encouraged staff to use the sign with residents to enhance their language and expression repertoire.

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.

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

Some residents required hearing aids or glasses. Those residents had received audiology and ophthalmology reviews. The inspector reviewed a care plan for the correct maintenance and care of a resident’s hearing aid. It was detailed and in picture format outlining how often it was to be cleaned and the procedures for doing so.

Residents with cognitive impairment had visual aids to help assist their memory and support them to locate items such as their mobile phone, keys and wallet. A laminated card with an outline of each item was located in their bedroom. The resident placed an item, for example their wallet, on the corresponding outline on the mat. They did so when they were changing their clothes or going to bed at night. This ensured they left their important belonging in the same place which reduced the likelihood of them miscarrying items and also reduced instances of them becoming distressed when they couldn’t find them.

**Judgment:**
Compliant

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**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:**
All residents were encouraged and supported to interact in the local community. During the course of the inspection residents attended events in their local community for example, some residents were supported to attend the Christmas market which was on at the time.

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. 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. During the inspection the inspector spoke with a family member of one of the residents who was complementary of the service. They were kept informed of all aspects of the resident’s care and could make suggestions or requests in relation to their care at anytime. They found staff working in the centre were responsive to the resident’s needs and their wishes for the resident were respected by staff and management.

**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. The inspector reviewed a transfer plan which had been implemented for a resident who had recently moved to the centre. It was found to be comprehensive and detailed. It outlined the measures put in place to ensure the resident was supported to move to the centre ensuring all supports which had been in place for the resident in their previous home were transferred to this designated centre.

An example of some provision made as a result of the transfer process included, painting the resident's new bedroom the same colour as their old bedroom and similar furnishings, such as lampshades and duvet covers.

The inspector spoke with the resident, they said they liked living in the centre and really liked their room, they said, 'it's the same as my old room and I like that'.

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 activities included, swimming, aerobic dance classes and going for a pint after work.

Circle of support meetings were used to identify goals for residents. Residents were encouraged to participate in meetings. Each resident had a copy of their personal plans in their bedrooms which were in a format which was accessible to them, for example, colour photographs were used to identify residents’ goals.

**Judgment:**
Compliant

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**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 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. However, not all recommendations from an Occupational Therapy (OT) assessment of the ground floor shower room had been implemented at the time of inspection.

Overall, the inspector found the centre to be a comfortable, clean, spacious pleasant place for residents to live in. There was one living room with comfortable furnishings and could accommodate all residents comfortably. A large dining room was also available where residents could sit comfortably to eat their meals or receive discrete assistance.
Residents’ bedrooms had adequate space for furniture and personal belongings. The centre had a good source of natural and artificial light throughout. The decor and furnishings were modern and tasteful.

Records were available to indicate that equipment in the centre had been serviced as required. Logs to the organisation’s maintenance manager, by the person in charge, showed evidence of prompt actions by the person in charge in response to premises issues identified at any given time.

The external premises were well maintained, clean with no visible hazards identified by the inspector. CCTV was in use for the perimeter of the centre as an added security measure for the premises. Waste disposal and recycling equipment for the centre was adequate for its size.

Laundry facilities were available in the centre. It was supplied with a washing machine and dryer which were in working order and well maintained.

As mentioned in the opening paragraph the ground floor communal shower room required improvements to meet the needs of some residents living in the centre. Recommendations from an Occupational Therapist (OT) assessment of the shower room had been carried out in May 2014. The reason for the assessment was in response to a request for a safety assessment of the space related to a resident at high risk of falling.

The OT assessment had identified a number of key risks in the shower room which would require improvement. One key risk area had been metal slats in the floor which could cause injury to a resident if they fell. These had been removed in November 2015 and a new slip resistant floor had been installed. Grab rails had also been recommended these had also been installed.

However, the report had also recommended that a shower guard should not be used as it could cause injury to a resident should they slip or fall. At the time of inspection the shower guard was still in place.

**Judgment:**
Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The health and safety of services users, visitors and staff was adequately provided for in the centre. However, a set of fire compliant doors in the corridor to the bedrooms were not attached to the fire alarm system and were held open with a clip. This meant the doors would not meet standards for containment of fire and render the doors ineffective. The inspector required robust assurances from the provider that the doors were not integral to the fire and smoke containment systems of the building.

Fire extinguishers had an up to date service record for 2015. The centre was equipped with a functioning fire alarm and fire panel. Servicing records indicated it had been serviced and tested 21 October 2015. There was an up to date record of fire drills. Fire drills had been carried out regularly with a night time drill occurring September 2015 also.

Issues of concern were documented after completing fire drills, for example, if a resident refused to participate. Plans were put in place to address these issues as they arose. Each resident had an individualised personal evacuation plan that documented the type of assistance they would need during an evacuation of the centre. Some residents with hearing impairments had specific management procedures documented in their Personal evacuation plans.

Keys in fire compliant units were located at each door which required a key to open it. Displayed fire evacuation procedures were detailed and specific to the centre. Staff spoken with indicated what they would do in the event of a fire, demonstrating knowledge of the centre specific fire evacuation procedures.

One fire drill reviewed by the inspector had noted the fire compliant door for the kitchen had not automatically closed when the fire alarm had sounded. This door was connected by an electronic device to the fire alarm system. The person in charge told the inspector that the door did not close automatically when the fire alarm was activated to conduct a fire drill but would do in the event of the alarm sounding in the event of an actual fire.

The inspector required assurances that the door would work in the event of a fire, as it was not clear from servicing records if the door had been checked to ascertain its effectiveness. During the course of the inspection a fire engineer visited the centre and tested the door. It did work and closed fully when the fire alarm was triggered.

However, a set of fire compliant double doors located in the corridor leading to resident’s bedrooms was not connected to the fire alarm. It was held open using a clip attached to the corridor wall. This was not in line with fire containment procedures whereby fire compartmentalising doors should only be held open with devices which release in the event of the alarm sounding. The inspector sought assurances.

During the course of the inspection and afterwards the facilities manager for the organisation provided written information to the inspector that the doors had been installed as privacy doors and were not integral to the fire containment systems for the building therefore, not required to be connected to the alarm system.

While this provided some assurances, the inspector still required written documented
Evidence from a person with specific competencies to confirm the doors were not integral to the fire and smoke containment measures in the centre and therefore did not need to be connected to the fire alarm.

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 documented risk had an assessment of the level of risk and risk reduction strategies 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.

Thermostatic control valves had been fitted to all sinks in the centre. These would prevent the risk of scalding to residents. However, the shower in the communal shower room on the ground floor did not have a fitted thermostatic control valve. The inspector noted an incident whereby a resident had turned up the temperature on the shower and received a scald.

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:
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. 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.

The inspector reviewed a behaviour support plan for a resident. It had most recently been reviewed 18 October 2015. Strategies for the management of behaviours that challenge were documented in the plan.

Some restrictive practices were in use in the centre. They had been referred to the organisation’s Human Rights committee for review and approval. All restrictive practices had been reviewed and discussed.

A wander guard system was in place. This was for the management of behaviours that challenge which presented as accessing other resident’s bedrooms and taking belongings. The inspector observed the restrictive practice in action during the inspection. While the wander guard restricted access for one resident into other’s bedrooms. Residents could enter and leave their bedrooms without impediment. This was evidence of assistive technology used to safeguard resident’s personal belongings which in turn reduced incidents of behaviours that challenge.

Another restrictive practice in place included the use of a sound monitor which had a camera used as a safety measure due to high risk of falls and seizures and was found to be used as a least restrictive alternative. Other systems also in place for monitoring the resident’s epilepsy and risk of falls including an epilepsy specific bed monitor and laser system which would alert staff if the resident had a seizure or got out of bed at night time.

The inspector reviewed minutes of the Human Rights committee meetings and found them to robustly challenge the merits and ethics for use of any restrictions in place. Some restrictive practices had been given a specific time line whereby staff working in the centre had to research and implement least restrictive alternatives.

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:**
A record of all incidents occurring in the centre was maintained and where necessary notified to the Chief Inspector. The inspector reviewed incidents and accidents documented in the centre and found that incidents requiring notification had been submitted to the Authority as per the regulations.

The person in charge and person participating in management demonstrated knowledge of their regulatory responsibility in regard to notifiable events.

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development
*Residents’ 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, during the course of the inspection residents engaged in community participation such as going to the Christmas market.

Other opportunities available for residents included attending day activity services where residents participated in Yoga, sensory activities, cultural activities and visiting and using local amenities.
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:
Resident’s health needs were met to a good standard. 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 received assessment and intervention recommendations to meet their needs from physiotherapy, occupational therapy and speech and language therapy (SALT), for example.

Some residents availed of mental health services and there was evidence to indicate they had received regular review by their psychiatrist and associated mental health professionals. Residents had also undergone investigative treatments to out rule causes of illness which may be contributing to their mental health deterioration.

Residents with epilepsy had care plans in place with prescribed emergency management procedures and medication. Some residents had frequent epileptic seizures. Staff had received training in the management of these and documented notes indicated appropriate intervention and follow up occurred in the event of a seizure occurring.

There was adequate space for food preparation and storage of fresh and frozen produce in the centre. Cupboards had plentiful condiments, grains, pulses and cereals to ensure food was wholesome and nutritious. Colour coded chopping boards were in use to ensure raw meat and fresh vegetables were not chopped using the same board, for example, as a measure to reduce food contamination.

Instructions were available to staff to indicate where foods should be stored in the fridge and how frozen goods were thawed.

Residents’ weights and Body Mass Index (BMI) were regularly checked and their nutritional risk was evaluated using a recognised nutrition assessment tool by staff in the centre. Some residents had received dietetic review and assessment by a speech and language therapist (SALT) to assess their swallowing capability to ascertain their
risk for choking.

Associated care plans were in place which prescribed food and fluid consistency for the resident. Where residents were identified at risk of malnutrition, dietetic recommendations were in place and supplements prescribed. There was evidence to indicate residents on such care plans had gained weight and were maintaining a weight that was within healthy limits.

The inspector observed regular and modified consistency meals were presented well, smelt and looked appetising and staff interacted well with residents throughout allowing them time to enjoy their meal in an unhurried, dignified way, offering assistance as per SALT recommendations.

**Judgment:**
Compliant

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**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 compliance.

Staff working in the centre had completed medication management training with evidence of refresher training in staff records.

The person in charge had support strategies for staff to implement in relation to the administration of medications to some residents living in the centre. These support strategies meant residents rarely refused their medication which in turn lessened the likelihood for medication non compliance which would impact on residents' physical health.

Copies of residents' prescription were kept in the centre and prescriptions were transcribed by staff to prescription administration charts which the inspector noted to be clearly written and accurately maintained.

Medications were stored securely and logged when they were delivered to the centre. A number of medication management audits had been carried out both by the person in charge and pharmacist. There was evidence to show residents’ pharmacist was assisted to carry out their duties and had good links with the centre.
The person in charge demonstrated knowledge of medication management policies and procedures and had good oversight of all medication practices in the centre.

Medications were clearly marked on the medication administration sheets and signed off by residents’ GPs. As per the recently revised medication management policy, staff no longer transcribed medications.

**Judgment:**
Compliant

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### Outcome 13: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

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**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

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### 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:
There was a well organised supportive management structure that governed the centre. There was evidence of numerous audits carried out to ensure a systematic review of the quality of care and service residents received. However, some improvements were required to the annual review for the centre.

The person in charge worked in the centre full-time. She was appropriately qualified and skilled and demonstrated the necessary experience to manage the designated centre. 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 worked closely with her line manager, who called to the centre regularly and held supervision meetings with her approximately every six weeks. Signatures of the area manager (PPIM) were evident in the visitor's book over the previous months to support this.

The provider nominee had carried out six-monthly audits which covered a wide range of Outcomes. Actions were developed from the Outcomes reviewed and timelines established whereby the person in charge was responsible to have actions completed. An annual review for the centre had also been carried out on the 16 October 2015. However, it required review to ensure it gave a comprehensive overview of the plans for quality improvement in 2016.

Plans for 2016 were for the service to continue to consult with service users at house meetings and consult with families through circle of supports. While these were certainly areas that ensured a quality service to residents and their families they were already in place.

The inspector spoke to the person in charge in relation to her plans for the centre in 2016. She outlined it was her goal to ensure residents received nutritional assessments and that residents would achieve their optimum weights in 2016. She also outlined the training needs for staff in 2016, they included training in dementia, behaviours that challenge and Autism. However, none of these quality improvement goals had not been included in the annual report.

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

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

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

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
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 the centre was suitably resourced with equipment and furnishing to meet the needs of the residents that lived there.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of
residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
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. However, no staff, other than the person in charge, worked on a full time basis in the centre. This led to an over-reliance upon part-time and relief staff which was impacting upon the continuity of care provided to residents.

Of the 14 staff allocated to work in the centre, seven staff were from a relief panel. The other staff allocated to work in the centre generally worked part-time. Residents living in the centre presented with behaviours that challenge and/or dementia related conditions all of which require consistency in staff approach and familiarity of residents with staff.

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

Training records showed ongoing staff training for all staff working in the centre. Staff working in the centre had received medication management, training in feeding residents with swallowing difficulties, preparation of modified consistency meals and drinks, challenging behaviour management, fire safety, manual handling, non-violent crisis intervention training and client protection.

The persons in charge had received ‘person in charge’ training in July and October 2014. She had also continued her professional development by undertaking courses in dementia care, communication champion training and communication systems for people with Autism. These training courses were specific to the needs of residents living in the centre.

Of the 14 staff allocated to work in the centre, seven staff were on a relief panel. The other staff allocated to work in the centre generally worked approximately 20 hour shifts.

While the inspector did not have concerns in relation to the number of staff allocated to the centre, the frequent changeover of staff shifts did not meet the specific needs of residents. Residents living in the centre presented with behaviours that challenge and/or dementia related conditions all of which require consistency in staff approach and familiarity of residents with staff.

**Judgment:**
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:
Written operational policies were in place to inform practice and on review the inspector found that all policies set out in Schedule 5 were in use.

The statement of purpose and resident's guide were available in the centre and the most recent inspection report was available to residents, their family and visitors. The centre was insured and this was up to date.

Information relating to residents and staff were securely maintained in the office of the centre and were easily retrievable. A directory of residents was up to date and met the requirements outlined in Schedule 3.

A change to the complaints policy in relation to the appeals process was required. This is further outlined in Outcome 1.

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
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report\(^1\)

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ability West</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004074</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>25 November 2015 and 26 November 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>05 January 2016</td>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy did not provide an outline of how those responsible carried out an appeals procedure.

1. Action Required:
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure

\(^1\) The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
The complaints procedure is being updated and will be submitted to the Policy Advisory Group in February to be approved, this will outline the appeals process. The procedure will then need final approval by the Board of Directors, meeting scheduled 21st March 2016.

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<th>31/03/2016</th>
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### Outcome 06: Safe and suitable premises

#### Theme: Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An Occupational Therapy report had recommended that a shower guard should not be used as it could cause injury to a resident should they slip or fall. At the time of inspection the shower guard was still in place.

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

**Please state the actions you have taken or are planning to take:**
A review to be carried out by Occupational Therapy as to alternatives that can be used to provide safety, plus dignity and respect.

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### 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 shower in the communal shower room on the ground floor did not have a fitted thermostatic control valve. The inspector noted an incident whereby a resident had turned up the temperature on the shower and received a scald.

3. **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:

A thermostatically controlled shower was fitted since the inspection. This was fitted on the 2/12/2015.

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| Theme | Effective Services |

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

Documented evidence from a person with specific competencies to confirm the doors were not integral to the fire and smoke containment measures in the centre and therefore did not need to be connected to the fire alarm was required.

#### 4. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The Architect has confirmed that the doors referred to are not an integral part of the fire and smoke containment measures for this unit.

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### 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:

An annual review for the centre had also been carried out on the 16 October 2015. However, it required review to ensure it gave a comprehensive overview of the plans for quality improvement in 2016.

#### 5. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Annual review is being updated at present to outline the future needs of the service users and the training staff would require to meet these needs.

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### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The frequent changeover of staff shifts did not meet the specific needs of residents. Residents living in the centre presented with behaviours that challenge and/or dementia related conditions all of which require consistency in staff approach and familiarity of residents with staff.

**6. Action Required:**
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

**Please state the actions you have taken or are planning to take:**
The working rota of the unit will be reviewed, and if a post can be filled on a permanent vacancy, HR will be advised and guide the recruitment process to for fill this requirement.

**Proposed Timescale:** 26/02/2016