<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ability West</th>
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<td>Centre ID:</td>
<td>OSV-0004073</td>
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<td>Centre county:</td>
<td>Galway</td>
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<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Provider Nominee:</td>
<td>Breda Crehan-Roche</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Thelma O'Neill</td>
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<tr>
<td>Support inspector(s):</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.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 07 January 2016 09:30 07 January 2016 19:30
08 January 2016 09:30 08 January 2016 16:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10: General Welfare and Development</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
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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 was the first inspection of this designed centre. The purpose of this inspection was to assess this centre for compliance for registration with the Health Act 2007 (Care and Support of Residents in Designated Centre’s for Persons (Children and Adults) with Disabilities Regulations 2013)

Eighteen outcomes were inspected and the centre was found to be complaint or substantially compliant with twelve of the outcomes, four outcomes were non-compliant moderate and two outcomes non- compliant major. The inspector found major non compliances in the area of residents Rights, Dignity and Consultation and
Safe and Suitable Premises and were found that they had not been appropriately managed.

The outcomes identified as non-compliant moderate were Safeguarding Vulnerable Adults, Risk Management, Governance and Management, and Staffing of the centre. These issues were brought to the attention of the Director of Services at the end of this inspection and she confirmed that action would be taken immediately to address the serious non compliances identified on inspection.

The centre was home to five residents. The individuals had a daily routine Monday to Friday that involved them attending day services or work placements. The residents participated in activities and goals as they wished and were well supported by day and residential staff.

The inspector met with the Person in Charge and Area Manager and reviewed documentation such as personal plans, fire records, risk management documentation, policies and procedures, health and medication records. The records reviewed were complete and up to date and well maintained.

The inspector also met with the five residents living in this centre. However, three of five residents told the inspector that they were not happy living in this centre and wished to move out. One person told the inspector and managers that they only felt safe in their home when supervised by staff; otherwise they felt vulnerable to psychological abuse, intimidation, and financial abuse when left alone with another resident. Furthermore; another two residents told the inspector the house was inadequate and did not meet their needs. It was overcrowded and lacked space for privacy and laundry facilities. These issues are discussed in more details under Outcome 8 Safeguarding Vulnerable Adults and Outcome 6 Safe and Suitable Premise.

The inspector found that although there was good support provided to residents in this centre by the staff and the allied health professionals such as; the senior psychologist, residents' did not have timely access to a social worker to support them pursue their requests to move house. This support was important as some residents had written letters of complaint a number of years ago and they were not responded to in a timely manner as per organisational policy. Although behaviour support plans were implemented by the staff members, serious complaints were not adequately addressed by Area manager in a timely manner and remained active.

The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.
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:**

Residents had access to an easy to read complaints procedure and policy and there was evidence that residents received regular training from staff on the procedures and supports available to make a complaint if they wished. Photographs of the ‘complaints officers’ and their contact details were available for residents, should they wish to make a complaint.

In this centre, the designated complaints officer was the Area manager. However, the inspector found evidence that residents had written letters of complaint to the Area Manager/Complaints Officer regarding peer on peer bullying and unsuitable facilities in the premise. However, these complaints were not addressed to the satisfaction of the complainants and were still outstanding at the time of this inspection. For example; In August 2014 one resident complained in writing to the Area Manager/Complaints Officer about unsuitable accommodation in this centre and in January 2015 the resident wrote again to the Area Manager requesting a written update of their complaint; however, a written response was not received from the Complaints officer until December 2015 sixteen months later. The inspector found that this response was not in adherence to the organisational policy or procedures and the response was not to the satisfaction of the complainant and the complaint continues to be outstanding.

Furthermore, during discussion with the complaints officer the inspector found the complaints officer was not familiar with the organisations policies time line to respond to written complaints or to keep complainants’ informed in writing of the actions the organisation was taking to respond to their complaint.
Resident’s meetings were held regularly with documented minutes of the meetings maintained. The inspector found residents were asked if they were happy living in this centre and with how the centre was managed and for their feedback. The minutes indicated residents were generally satisfied with the service provided; however, three residents had indicated they would like to move from the centre; due to overcrowding in the house and two residents referenced regular bullying/intimidation received from another resident. This is discussed in more detail under outcome 8.

Over the two days of the inspection, three of the five residents told the inspector that they were unhappy in the centre and two wanted to move to another area. They were satisfied with the staff support they were receiving; however, they were unhappy with the lack of privacy and overcrowding as there was only one sitting room and the kitchen, and dining room was small and did not allow for any communal private space to meet their friends in private.

Resident’s belongings were respected and residents had their own bedroom to safeguard personal possessions. Resident's had a key to their bedroom and the front door of their house to use as their wished.

The inspector reviewed how resident’s finances were managed in the centre. Most residents finance’s were well managed and there were records of transactions for all of the resident’s transactions. Some residents were semi-independent and managed their own money; however, at the time of inspection there was an investigation ongoing into peer on peer financial abuse that was not yet concluded. Following the allegation of the financial abuse, control measures were put in place to protect the resident from the risk of further financial abuse.

The inspector also found that some residents did not have an individualised financial risk assessment completed. This assessment would identify the residents’ ability to manage their finances and the level of support required. The person in charge agreed to complete this assessment for all residents following the inspection. Furthermore; one resident's money was lodged into a bank account in the organisations name, but not in the resident's name and there was no documentation to show the resident owned the money in this bank account. Although the staff were signatories on this account, the resident’s ownership of the money in this account was not documented in any records.

Activities available in and out of the centre were age appropriate and reviewed regularly through consultation with residents. During the inspection the inspector saw residents engage in watching television and attending activities out of the centre, for example, going for walks. Residents were supported to attend their day service placements and/or work during their stay.

Judgment:
Non Compliant - Major

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
Residents were supported to communicate at all times in the centre and all residents' were able to communicate verbally.

The organisation had a communication policy. Policies were in an easy to read format for residents and were made available in the centre. The policy set out to address the communication needs of residents. It outlined an approach to be used that created successful and equal communication between people with different levels of communication ability and needs.

It also indicated the ways in which the organisation assisted residents to achieve their maximum communication skills potential. This occurred with the help of speech and language therapists and assistive communication technology. For example; one resident used an electronic device that helped them communicate with others more effectively.

Residents each had an individualised communication profile in their personal plan. This documented the resident’s comprehension abilities and their preferred style of expressing themselves, for example, their use of gestures, eye contact or spoken language.

Residents had access to televisions in their bedrooms and also in communal areas. There was a notice board in the centre indicating the daily/weekly routine of the house. This indicated what events were taking place in the local community.

Some residents were supported through the use of pictures to tell them what activities were planned for the day. Other residents used communication books which were used between the resident’s home, respite and day service. These communication books were in picture format and helped the resident in understanding their planned day.

**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:
Residents were encouraged to have positive relationships with their families and friends, the person in charge indicated that there visitors were encouraged. The organisation had a policy on visits to guide best practice.

Residents living in the residential unit were supported to maintain links with their family. They spoke about the importance of this to them and how some residents enjoyed their weekly visits home with their family.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
There were written agreements in place between the organisation and the residents which outlined the support, care and welfare supports provided to resident's living in the designated centre.

This agreement was called an ‘individual service agreement’. It outlined the resident’s weekly/monthly contribution to cover, rent, heating and electricity expenses. It also identified that residents would receive a seven day service in this designated centre.

However, during the course of the inspection the inspector became aware that this centre closed four /five weekends per year and two residents were sent home to their family members and three resident's were relocated to other designated centres that had bedrooms vacant for the weekends. This was a breach of the contract of care agreed between the service-user and the service provider, as the service agreed with the resident's was not consistently provided and it removed the resident's choice to remain in their own home for their weekends.
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 reviewed the personal plans in place for residents living in this residential service. Assessments had been carried out following a person centred planning process and personal outcome measures system. These personal plans included health plans, communication plans, speech and language assessments and behaviour support plans. This ensured the information about residents care needs were comprehensively assessed and provided a comprehensive overview of their individualised needs.

Of the plans reviewed during the inspection, the inspector found residents' were helped to identify and achieve their goals. This happened through a ‘circle of support’ meeting. These were meetings that the resident, their family and significant others in their life attended. Relevant clinicians and staff working with the person also attended these meetings. Their purpose was to collectively discuss the resident’s goals and aspirations. They discussed real and practical ways for the person and their support staff to achieve these goals. These meetings were a way to assess progress made and to acknowledge achievements.

However, one goal that was consistently identified by residents was to move out of this centre and this goal was not adequately progressed. This issue has been actioned under outcome 1 and 6.

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
Theme:
Effective Services

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

Findings:
The design and layout of this centre is not in line with the centre's Statement of Purpose aims and objectives as there was not sufficient private or communal space and this restricted residents’ freedom of movement.

This centre comprised of one house consisting of two semi-detached two-storey houses with internal access to both houses. The houses were older style houses and were clean, warm and suitably furnished. There was only one small sitting room, and kitchen/dining space was limited for the five residents to use. There was no visitor’s room available for residents to have some quite time alone or to meet family and friends in private. Some resident's told the inspector there was overcrowding in the house, due to the lack of communal space in this centre and this was increasing their risks of peer on peer abuse. The area manager acknowledged he was aware of the residents' complaints and would act on resolving these issues.

The inspector found the kitchen to be clean with sufficient food stock; but there was a lack of counter top space. Most of the counter tops were used to store kitchen equipment, which limited work space in the kitchen to cook and serve food for up to seven people daily (five residents and two staff members)

All bedrooms were for single occupancy, one of which was located on the ground floor and four on the first floor. 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 that met the residents' needs.

Some residents' complained to the inspector that there were inadequate laundry facilities and there was only one washing machine in the kitchen and they had to queue to use this facility. Also, the washing of the residents’ clothes in the kitchen created an infection control risk. For example; one resident recently had an infectious condition, where their clothes needed to be washed separately; however, by washing the soiled laundry in the kitchen area it created a risk of cross contamination between laundry and food preparation.

In response to resident's complaints that the laundry service was inadequate, the inspector was told that residents were supported financially to use the local laundrette. However, residents did not have transport in this centre, so they had to walk or ask staff to use their cars to transport their laundry to/from the laundrette. This was inconvenience to the residents and should be adequately provided in the centre.
Externally, the premises was clean however, there was two outbuildings in the middle of the garden which limited residents full access to their garden. The person in charge showed evidence to the inspector that an architect had viewed the premises last August, but no plans had been submitted for her to review and to address the on-going issues in this centre.

**Judgment:**
Non Compliant - Major

**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 and risk management of residents was inadequate in this centre. There was evidence found that the services-user’s were emotionally/ psychologically and financially at risk following discussions with residents and a review of the incident log of this centre. These issues are discussed in more details under the Protection and Safeguarding Vulnerable Adults in Outcome 8.

Potential risks and hazards in the centre were documented in a ‘risk register’. This register identified and documented potential risks and control measures in place; but did not risk rate potential risks of peer on peer abuse appropriately.

There were two reported falls in the centre that were found to be well managed. Residents received medical attention, and had a falls assessment completed and referral was sent to the Occupational Therapist (OT) for an assistive equipment assessment.

Fire equipment in the centre had been serviced for the residential unit. Staff had received training in how to evacuate residents in the centre. There was an up to date record of fire drills. Regular fire drills had been carried out in the past six months. Residents with specific needs had an individualised fire evacuation plan documenting the type of assistance they would need during an evacuation of the centre. The fire alarm system had been serviced, no faults were detected.

Inspectors reviewed staff training records and found that all staff had received training in safe moving and handling of residents; however, care staff did not have training in risk management which was necessary, as they did not identify patterns of risk in the centre. Also, training in infection control procedures was necessary for staff due to the risk of infections through cross contamination of laundry and cooking in the kitchen. This is actioned under outcome 17.
Inspectors reviewed accident reports and found that accidents were being recorded and reviewed by the person in charge and preventative actions put in place to prevent recurrence.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The inspector found that adequate measures had not been taken to protect residents from peer on peer abuse.

The Inspector reviewed the policies and procedures in place for the protection of vulnerable adults including the prevention, detection and response to allegations of abuse in the organisation. The policy and governance documents described clear guidance for staff of their responsibility to report any suspected or confirmed abuse. The organisation's policy also included the name and contact details of the designated contact person. Staff members interviewed confirmed that that they were aware of this policy, and where to locate it in the centre.

However, the inspector was told by a resident that the actions of one of their peers were impacting negatively on them and other residents living in this centre. The inspector confirmed these incidents from the house incident logs, where they found issues of concern related to reported financial abuse, bullying, and intimidation had been reported. These issues are currently being investigated.

Although the policies and procedures clearly outlined the steps to follow for the protection of vulnerable adults, the emotional abuse/bullying reported by residents and witnessed by staff, these concerns were not escalated to the designated person nominated for protecting vulnerable adults. The person in charge and staff told the inspector that they had escalated them to their Area Manager, who confirmed to the inspector that they were aware of the issues, but they had difficulties in finding a
suitable place to relocate this individual. The manager did provide assurances to the residents and inspector that he would immediately look for new suitable accommodation for this individual involved.

Since the inspection, the inspector has received confirmation in writing that these issues are being addressed and a suitable placement has now been found for this resident. This will ensure that residents concerns will be resolved, as they will feel safer in their home.

Some of the residents in this centre displayed behaviours that challenge. Assessments had taken place by the Senior Clinical Psychologist and individualised support plans were in place, to help reduce the incidents of behaviours that challenge. Incidents of behaviours that challenge were reported and discussed with the Psychologist and the Consultant Psychiatrist at the mental health clinics and appropriate care plans were put in place.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

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

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

**Findings:**
Residents' general welfare and development needs were supported in the centre. 'Circle of support’ meetings and a person centred planning process were some of the methods used to establish residents' educational, employment and personal development goals.

Residents had opportunity to attend personal development activities suited to their interests and capabilities, for example day services, training centres or employment and local advocacy services.

One resident had represented Ireland in Basketball at the Special Olympics and had received a silver medal, another resident worked in nail salon with some of their peers at the local day service. Other residents were very involved in the local award winning drama group. Residents engaged in social activities within and out of the centre, for example, residents had attended concerts, local gyms, and community events.

**Judgment:**
Compliant

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**Outcome 11. Healthcare Needs**
_Residents are supported on an individual basis to achieve and enjoy the best possible health._

**Theme:**
Health and Development

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

**Findings:**
Residents' healthcare needs were assessed and monitored by staff and allied health professionals across a wide range of health related areas. Residents had access to General Practitioner (GP) services and there was evidence to show appropriate treatment and therapies were in place to address their health issues. For example; one resident attended a monthly warfarin clinic held by their own General Practitioner (G.P.).

Residents had also received assessment and interventions by the allied health professionals to meet their healthcare needs, such as; Epilepsy outpatient services, Mental health services, Occupational Therapy reviews and Dietician and Dental reviews; for example; all residents had received an annual health check and had access to preventative health care, such as dental checks.

**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 medication management met with good compliance. Written operational policies and procedures were in place for the safe storage, administration and disposal of medications. Medications were securely stored in locked storage unit. No medications required refrigeration. Residents requiring crushed or modified consistency medications were prescribed such in liaison with resident’s GP and pharmacist and this was documented.

Recent changes to the medication management policy meant transcribing was no longer carried out by staff in the centre and medications were only written up and signed by residents’ GP or prescribing Doctor. This safeguarded the residents by ensuring only qualified health professionals updated residents medication Charts.

**Judgment:**  
Compliant

### Outcome 13: Statement of Purpose
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

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

**Findings:**  
There was a written Statement of Purpose that described the service provided in the centre. The services and facilities were outlined in the Statement of Purpose, and the manner in which care was provided.

**Judgment:**  
Compliant
### Outcome 14: Governance and Management

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

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<th>Leadership, Governance and Management</th>
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**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The inspector found that the management systems in place did not effectively address the issues identified in the centre that negatively impacted on residents’ safety and quality of life. The Services Area Manager that managed this centre was responsible for ten designated centres and a number of other management positions relating to schools and day services. He assisted the person in charge and the inspector during the course of the inspection.

The Area manager was the complaints officer for this centre. However; the management of allegations of psychological and emotional abuse and complaints was not in adherence with the organisational policies and procedures. There was written evidence that these issues were reported on many occasions over the past few years to the Area manager/ complaints officer, which were not adequately addressed to the satisfaction of the complainant and these issues continued to be active at the time of the inspection.

Following the inspection; the inspector met with the Director of Services and received written assurances that these issues had now been escalated to the senior management team and they had now secured a more suitable placement for one resident living in this centre and they were actively supporting all residents with any complaints/ concerns.

The rationale for relocating residents from their home four/five weekends this year to other designated centres was unclear from discussions with the Area Manager. The Area manager told the inspector that it was a cost saving exercise. However, this was impacting on the rights of the residents and was in breach of their contract of care.

The inspector reviewed the six monthly provider led review and found that environmental issues were identified in their audit report and the person in charge had implemented a follow up action plan to address these issues; however, these issues were not implemented by the senior manager at the time of the inspection.

The person in charge was a suitably qualified person with relevant experience commensurate to her role. The person in charge demonstrated a comprehensive understanding of organisational policies, procedures and regulatory responsibilities and were involved in the development of some policies and participated in policy working...
groups within the organisation. She had engaged in on-going continuous professional development. The person in charge worked in a full-time post. These hours included allocated administration time with the rest of the time working on the roster along side residents and staff. This allowed the person in charge to observe practices and engage in a meaningful way with residents.

A number of key clinical indicator audits had been carried out by the person in charge relating to medication management and fire safety management systems. A data record of incidents was available for review. It was clear the data developed in house had influenced practice changes in the centre and resulted in control measures put in place to mitigate identified risks.

**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 had not been absent for a prolonged period since commencement of regulation and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.

The Area Manager was identified as a person participating in management. They assisted the person in charge in her role and also deputised in her absence.

**Judgment:**
Compliant

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

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The centre was suitably resourced to meet the needs of residents’. Staffing resources and skill mix were based on the assessed needs of residents.

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 found staffing numbers and skill mix were appropriate to residents assessed needs. Two staff were on duty during the day and a staff member slept in the centre at night time. Staffing numbers were in place to ensure there was adequate support and supervision in place to support residents physical and psychological needs.

There were not robust recruitment in place and a sample of four staff files were reviewed as part of the inspection and the requirements of Schedule 2 of the Regulations. However, the inspector found the Person in Charge (PIC) contracts of employment was not up to date, as it did not clearly identify the PIC’s current job description, name and address of her work area.

Training records showed ongoing training for all staff working in the centre; they had received training in medication management, challenging behaviour, fire safety, safe moving and handling training. However, refresher training in risk management, protection of vulnerable adults and infection control was required for some staff working in this centre.

There was monthly staff meetings held in the centre and staff told inspectors they felt well supported by the person in charge of this centre.

Judgment:
Non Compliant - Moderate
Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
Records were maintained in a manner which ensured completeness, accuracy and ease of retrieval. The centre was insured against accidents or injury to residents, staff and visitors and the policy was up to date.

The centre had all of the written policies as required by Schedule 5 of the Regulations. There was a guide to the centre available to residents which met the requirements of the Regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for resident involvement in the running of the centre, how to access inspection reports, the procedure for respecting complaints and the arrangements for visits.

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ability West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004073</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>07 January 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26 February 2016</td>
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</tbody>
</table>

Requirements

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

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

Outcome 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:

Resident’s privacy and dignity was not respected in relation to their personal living space, to allow for private communications with professionals, friends, and family members.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
One resident has moved to another more suitable designated centre as of the 12/02/2016. This reduced the capacity in this designated centre from five residents to four residents. This will allow for additional living space and will improve personal communications, relationships, professional consultation and personal information. Work is underway to convert this vacated room to a living room.

**Proposed Timescale:** 31/03/2016  
**Theme:** Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Facilities to manage the residents' laundry were inadequate and resident's had to use the local laundrette to facilitate their laundry needs.

2. **Action Required:**  
Under Regulation 12 (3) (b) you are required to: Ensure that each resident is supported to manage his or her laundry in accordance with his or her needs and wishes.

Please state the actions you have taken or are planning to take:  
(a) Plans have been drawn up to extend this designated centre to include a utility/laundry room.  
(b) Some residents choose to use the local launderette to complete their laundry in a timely manner.  
(c) The capacity of this designated centre has reduced from five residents to four thus relieving the load on the current laundry facilities in place.

Proposed Timescale: (a) 30/09/16  (b) Completed  (c) Completed 12/02/16

**Proposed Timescale:** 30/09/2016  
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
One resident's personal money and weekly disability allowance was lodged into a bank account that was not in the resident's name and there was no documentation to show the resident's ownership of this money.
3. **Action Required:**
Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

**Please state the actions you have taken or are planning to take:**
An agreement has been made with the Ward of Court office in relation to the resident’s monies, please see attached document.

The resident does not have an independent advocate, this has been discussed with the resident and the resident stated that he did not want an advocate and is happy with the current arrangement.

**Proposed Timescale:** 31/03/2016

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Written complaints were not responded to in a timely manner.

4. **Action Required:**
Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

**Please state the actions you have taken or are planning to take:**
The complaints are now being responded to within the timeframes of the current Complaints Procedure. The Person in Charge will complete monthly audits to ensure that all complaints are dealt with in a timely manner.

**Proposed Timescale:** 15/02/2016

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Letters of complaint written in 2011 to the area manager/complaints officer were not addressed to the satisfaction of the complainant and were still outstanding at the time of this inspection.

5. **Action Required:**
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

**Please state the actions you have taken or are planning to take:**
The Complaints Officer has met with the complainant to discuss the complaint in detail.
The Complaints Officer outlined actions taken to date and future actions that the organisation are planning to take. The complainant acknowledged the actions already taken place and is happy with the actions planned. The complainant informed the Complaints Officer that she is happy to close off on the complaint.

**Proposed Timescale:** 15/02/2016

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The there was a breach of the contract of care agreed between the service-user and the service provider.

6. **Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
Historically, the service provision did not require the unit to remain open even though one resident has a 52 week contract. Historically residents would go home to their respective families. However over the last 4 years family circumstances have changed significantly, and this is no longer viable.
The residents are happy to receive respite in other centres, this was discussed with them as recently as Tuesday 23rd February 2016. Residents stated that they enjoy the change away from the group home. One resident stated that “they would be stuck in the one place” if they did not avail of respite.
This will be regularly explored with the residents and if anything changes the organisation will submit a business plan to the HSE to seek funding re same.

**Proposed Timescale:** 23/02/2016

### 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 premises did not meet the aims and objectives of the service and the number and needs of residents.

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

Please state the actions you have taken or are planning to take:
(a) One resident has moved to another more suitable designated centre on 12/02/2016 thus increasing the communal space for the remaining residents. Work is underway to convert this vacated room to a living room.
(b) Plans received from the Architect are presently under review, these outline a proposed extension to include a laundry room. It is expected that these works will be completed by 30th September 2016.

Proposed Timescale: (a) 31/03/2016 (b) 30/09/2016

Proposed Timescale: 30/09/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premise did not meet the requirements of schedule 6 as per Regulation 17.

8. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
(a) One resident has moved to another more suitable designated centre on 12/02/2016 thus increasing the communal space for the remaining residents. Work is underway to convert this vacated room to a living room.
(b) Plans received from the Architect which outlines a proposed extension to include a laundry room are presently under review.

Proposed Timescale: (a) 31/03/2016 (b) 30/09/2016

Proposed Timescale: 30/09/2016

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:
There was evidence found that the services-user’s were emotionally/ psychologically and financially at risk following a review of the incident log of this centre and the control measures in place were inadequate as incidents continued to occur regularly

9. 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 has been reviewed and updated to include the risks as outlined above. On foot of this review one resident has relocated to a more suitable premises. In relation to the financial abuse incident, this has been dealt with through the Client Protection Procedure and has been resolved.

Proposed Timescale: 16/02/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Infection control measures were inadequate due to the laundry facilities in place in the kitchen in this centre.

10. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
(a) Plans received from the Architect are presently under review, these outline a proposed extension to include a laundry room.

(b) Alginate bags will continue to be used for soiled laundry and for residents who have infectious conditions. All residents’ laundry will continue to be washed separately and at the correct temperature.

(c) The capacity of this designated centre has reduced from five residents to four thus relieving the load on the current laundry facilities in place.

Proposed Timescale: (a) 30/09/2016 (b) Completed (c) Completed 12/02/16

Proposed Timescale: 30/09/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Reported incidents of abuse were not managed as per organisational policy.
11. **Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
All incidents of peer on peer abuse are now dealt with through the Client Protection Procedure. All staff have been informed of same.

**Proposed Timescale:** 16/02/2016

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff and managers failed to follow the organisations policy and procedures in protecting vulnerable adults and require further training.

12. **Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
Client Protection Training has been organised for all staff and managers. This training is taking place on 3rd March 2016

**Proposed Timescale:** 03/03/2016

**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:**
There was inadequate management of the risks, and protection issues identified in this centre by the senior management of this centre.

13. **Action Required:**
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

**Please state the actions you have taken or are planning to take:**
Client Protection Training has been organised for senior managers of this designated centre. This training is taking place on 3rd March 2016
Proposed Timescale: 03/03/2016

**Theme:** Leadership, Governance and Management

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

Actions identified in the provider led audit were not resolved by the senior management at the time of the inspection.

14. **Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Following the most recent Provider Led audit (September 2015) the action plan that was drawn up will continue to be reviewed at support meetings with the Person in Charge. Any actions identified will be addressed in a more appropriate timeframe.

Proposed Timescale: 31/03/2016

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The person in charge contracts of employment was not up to date, as it did not clearly identify the PIC’S current job description, name and address of her work area as per schedule 2 Regulation 15

15. **Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Contract has now been updated to reflect the Person in Charge’s current job description, name and address of work area.

Proposed Timescale: 01/02/2016

**Theme:** Responsive Workforce

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

Some staff and managers required retraining in the organisations policies and
procedures, in particular, the management of complaints, managing allegations of abuse and protecting vulnerable adults, risk management, and residents’ rights in relation to contacts of care.

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

**Please state the actions you have taken or are planning to take:**
Training Needs Analysis for the centre will be reviewed and forwarded to Human Resources Department.

Refresher training requirements will continue to be monitored by the Person in Charge and staff will continue to adhere to the organisation’s refresher training time frame.

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