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<th>Clochatuisce Services</th>
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<td>OSV-0004072</td>
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<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Frances Murphy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Anne Marie Byrne</td>
</tr>
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<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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 09 January 2017 08:55  To: 09 January 2017 18:00

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

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication                               |
| Outcome 05: Social Care Needs                           |
| Outcome 07: Health and Safety and Risk Management       |
| Outcome 08: Safeguarding and Safety                     |
| Outcome 10. General Welfare and Development             |
| Outcome 11. Healthcare Needs                            |
| Outcome 12. Medication Management                       |
| Outcome 14: Governance and Management                   |
| Outcome 17: Workforce                                   |

Summary of findings from this inspection

Background to the inspection:
The purpose of this unannounced inspection was to monitor the centre's on-going regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:
The inspector met with six residents, staff members and the management team during the inspection process. The inspector reviewed practices and documentation to include residents' personal plans, incident reports, policies and procedures, fire management related documents and various risk assessments.

Description of the service:
This centre is managed by Ability West and is located on the outskirts of Galway city. Clochatuisce Services provides services to those with an intellectual disability who have been identified as having low to high support needs. It is a residential house which accommodates six residents from 18 years of age upwards. The Person in Charge (PIC) had the overall responsibility for the centre. The PIC works directly within the centre and has oversight of the day-to-day operations. She is supported in
her role by the Person Participating in Management (PPIM). The centre is a bungalow which has spacious communal areas for residents' use.

Overall judgment of our findings:
The inspector found that this was a well managed centre that provided very individualised and person-centred care to the residents availing of the service. The service provision and quality of care delivered was found to be of a high standard in a number of areas. Residents rights, communication, privacy and consultation were well promoted in the centre. Staff were found to be very respectful of residents and were knowledgeable of each resident's needs. Inspectors found a calm and homely environment on this inspection.

The findings of this ten outcome inspection identified one outcome in substantial compliance, two moderate non-compliances and one major non-compliance with the regulations. These included Residents Rights, Dignity and Consultation, Social Care Needs, Health and Safety and Risk Management and Medication Management.
**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector observed that residents were consulted with and participated in decisions about their care and in the daily operations of the centre. Residents had access to advocacy services through an external service. However, the inspector found that some improvements were required in relation to the guidance provided on the centres' management of complaints and residents' finances.

Staff were observed to greet and address residents in a respectful manner. Due to the complex communication needs of residents, resident meetings were not routinely held within the centre. However, the centre had put an alternative mechanism in place to ensure residents' were formally consulted with. Prior to each staff meeting, staff were required to have consulted with residents on various topics. Residents views on these topics were then discussed at staff meetings to facilitate staff to be consulted on residents’ behalf. The PIC informed the inspector that despite the complex non-verbal needs of residents, this communication forum ensured that residents' voices were advocated.

There were nominated people in the centre to deal with complaints, and photographs of these people were displayed within the centre to enable residents to identify them. An easy read version of the complaints policy was available in the centre to guide and support residents on how to make a complaint. The inspector spoke with two staff members in relation to the recording and management of complaints. Staff stated that it was common practice to acknowledge and record complaints. Staff were also aware of their responsibility in the local management of complaints. The inspector found that a record of all complaints was maintained by the centre. However, a copy of the complaints procedure was not displayed within the centre at the time of inspection.
Residents' money were securely stored, and transactions were monitored through the use of the centre's own recording and checking system. Residents were facilitated to access their money as they wished, and a log of all transactions was maintained by the centre. This recording system was reviewed by the inspector and no errors were noted. Each resident was observed to have their own bank account and a log of bank statements was maintained by the centre. The inspector reviewed localised procedures in relation to the management of residents' finances. These procedures were observed to guide on the management of large transactions from residents accounts. However, the policy did not guide staff on the day-to-day transactions, lodgements, recording or monitoring of smaller sums of money.

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):
No actions were required from the previous inspection.

Findings:
Overall the inspector found effective communication systems were in place to facilitate residents' communication needs.

Residents with specific communication needs were appropriately assessed and supported. A number of residents within the centre had specific impairments and limited verbal communication abilities. The use of creative methods were continually adopted by staff to support these residents. These included picture format documents, audio style books and objects of reference.

Communication passports were in place for each resident, these outlined the specific communication needs of residents, and provided guidance on how best to interpret residents' wishes. These passports were regularly used by the centre where residents were attending external services. Staff were aware of non-verbal cues associated with residents, and demonstrated a clear understanding of their role in ensuring residents' communication needs were met daily.

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):
No actions were required from the previous inspection.

Findings:
All efforts had been made by the centre to ensure that residents' well-being and welfare was maintained. Each resident had an opportunity to participate in meaningful activities that were appropriate to their interests and preferences. However, the inspector found some improvements were required in relation to the updating of personal plans to reflect changes in the status of residents’ personal goals. Further improvements were also required in the assessment of residents’ skin integrity.

On the day of inspection, all residents attended the organisations’ day-care service. Staff spoken to informed the inspector that residents also participated in alternative therapeutic activities on a regular basis. The centre had access to a full time vehicle which was used to transport residents to various activities. Residents were encouraged, and facilitated, to access local community based services on regular basis. Where residents wished to attend local cafes and amenities, staff were allocated to support residents on such outings. No residents were in the process of transitioning to or from the centre at the time of inspection.

Inspectors reviewed a sample of residents' personal plans. Personal plans were found to be comprehensive and updated within annual review timeframes. The plans identified residents' individual needs and choices, and provided clear guidance to staff on the daily care and support to be provided to residents. Residents' personal goals were found to be resident focused and led. Personal goals were observed to have action plans in place which outlined the nature of each goal, the person responsible to support the resident and the timeframe for review. However, the inspector found the centre had not updated these plans to reflect the current status of these goals. For example, where plans demonstrated residents’ wishes to visit a specific location of interest, the plans were not updated to indicate if the resident had yet achieved this goal.

A comprehensive assessment was completed for each resident, and regular re-assessments of residents’ needs were completed by the centre as required. However, the inspector found some gaps in practice in relation to the accurate assessment of residents’ skin integrity status. For example, the inspector observed that although a
skin assessment and pressure ulcer risk assessment had been completed for a resident, it was identified that the skin assessment had not been updated to accurately reflect recent changes in the resident's skin integrity status. The inspector observed this led to inconsistencies in the resident's pressure ulcer risk assessment. This was brought to the attention of the PIC at the time of inspection.

**Judgment:**
Non Compliant - Moderate

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

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Overall, the health and safety of residents, visitors and staff was promoted and protected. There were policies and procedures in place for the management of risk. The inspector found that a number of fire precautions were in place, and suitable fire equipment was provided. However, improvements were identified in relation to risk management, infection control and evacuation procedures.

The risk management processes within the centre were guided by the centres’ risk management policy. Potential risks and hazards were found to be identified, assessed and risk rated using risk assessment tools. A risk register was in place for the identification, assessment and review of organisational specific risks. This register outlined various risk categories, specific to the centre, and informed on the current risk rating of each risk category. The register also detailed the current controls in place to mitigate risks, further controls that were required and those responsible for responding to the risks identified. The inspector found the PIC regularly reviewed accidents and incidents in conjunction with the risk register, to inform risk management activities.

The centre utilised an electronic incident reporting system. The PIC demonstrated good knowledge of this system and monthly team meetings were facilitated by the PIC, to allow for staff discussion on incident trending and various risk management activities. However, the inspector found that not all risks within the centre had been appropriately assessed or managed. For instance manual handling practices, where minimum staffing levels were in place, had not been appropriately risk assessed. The inspector also observed poor compliance throughout the centre in relation to the safe storage of chemicals. On two separate occasions, the inspector found cupboards containing cleaning chemicals unlocked within resident bathrooms and the utility room.

The inspector observed precautions were taken against the risk of fire. Daily, weekly
and monthly fire checks were scheduled and undertaken at the centre. The fire alarm system was observed to have been maintained in line with manufacturer's guidelines. Designated fire points for fire equipment were allocated throughout the centre, and fire equipment was observed to be serviced on an annual basis. Intumescent strips were present on all doors. Magnetic closers were in place on doors dividing the living from the residential area of the centre. Personal Evacuation Egress Plans (PEEPs) were in place for residents. These were observed to comprehensively detail residents' needs in the event of an evacuation, giving clear guidance on the communication support needs of residents. However, the inspector observed some PEEPs were not updated following fire drill performance reviews. For example, PEEPs were not updated to reflect where additional staff resources may be required to assist in the evacuation of some residents.

All staff had received up to date fire training at the time of inspection. However, further improvements were still required in relation to fire precautions. The inspector found not all fire escape routes were maintained unobstructed at the time of inspection. For example, the back door fire escape route was used as a storage area for mops, buckets and clothes racks. The inspector also observed that emergency lighting had not been provided to guide staff and residents from the back door fire exit to the fire assembly point.

The inspector found that regular fire drills were taking place within the centre. A record of fire drills completed was maintained, which identified areas of good practice and improvements required during evacuation procedures. The inspector noted the centre had made significant improvements to their evacuation times. For instance, a fire drill conducted in August 2016 yielded an evacuation time in excess of 12 minutes. The centre had since undertaken multiple evacuation drills, and had reduced the evacuation time to four minutes. A sample of fire drill performance records were reviewed by the inspector. It was observed that a number of the drills recently conducted required additional staffing resources for the evacuation of some residents. For example, where residents were assessed as requiring one staff member to assist with evacuation, two staff members were actually required to evacuate the resident due to unanticipated delays. The inspector observed that such delays occurred during four out of the five recently conducted fire drills. Staff spoken to were familiar with the centres’ evacuation procedures and demonstrated good knowledge of their role in the event of a fire. However, the provider had not considered the effective evacuation of residents from the centre when operating minimum staffing levels.

The centre had policies and procedures in place to guide on infection control management. Colour coding systems were in place for cleaning and laundry practices. Daily and monthly cleaning schedules were in operation and staff spoken to were knowledgeable of these processes. However, the inspector found improvements were required in relation to the centre’s cleaning processes. The inspector found that residents’ bathrooms were not cleaned to a high standard. Dust was observed on bathroom window sills, shower guards and on the surfaces of wet floor signs. The inspector also observed a large utility sink located within the residents’ communal bathroom. Staff informed the inspector that this sink was used for utility purposes. The PIC informed the inspector that plans were in place to have the utility sink relocated to the utility room for infection control purposes. The PIC was unable to verify to the inspector the date this would occur.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a policy and procedures were in place for the prevention, detection and response to abuse. Measures to protect residents being harmed or suffering abuse were in place. The rights of residents were protected in the use of restrictive procedures and the use of restrictive procedures was carefully monitored by the centre.

The centre had no safeguarding concerns at the time of inspection. Staff spoken with were knowledgeable in the centres’ policy on the prevention, detection and response to abuse. Staff could also demonstrate to the inspector their understanding of their role in the protection of vulnerable residents. The centre had ensured that all staff had received up-to-date safeguarding training.

Best practice was observed in relation to restrictive practices. The inspector observed the centre regularly sought the guidance of the Human Rights Committee in relation to the use of restrictive practices. Restrictive practices were risk assessed and protocols were in place to guide staff on the safe use of these restrictive practices. Where residents were prescribed chemical restraints, the administration of chemical restraints was acknowledged by staff as being a last resort. Upon review of the records, the inspector observed that the centre had not administered a chemical restraint for some time.

The inspector reviewed a sample of residents’ behaviour support plans. These plans were observed to clearly outline the behaviour type, triggers and de-escalation techniques. Behaviour support plans were readily accessible to staff and were found to provide practical guidance on the daily management of residents presenting with behaviours that challenge.
**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents’ opportunities for new experiences and social participation were facilitated and supported. During the centre’s last inspection, it was identified that there was a need for later life activities to be explored to meet the changing needs of residents. This action was found to be satisfactorily completed.

Some residents within the centre attended day-care services. Adequate arrangements were in place to facilitate alternative activities such as reflexology and music. Residents requiring one to one support with recreational activities were facilitated with this support. Staff spoken with informed the inspector that social engagement is encouraged within the centre. Residents were able to participate in a variety of activities both within the day service and in local services. Sufficient staffing and transport were provided to ensure that these activities were accessible and that one-to-one staff support was frequently available to residents.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that each resident was supported to achieve and enjoy the best
Residents' healthcare needs were met, in line with their personal plans, and through timely access to healthcare services. Residents had access to allied healthcare services which reflected their varied healthcare needs.

Residents' healthcare needs were observed to be reviewed on a regular basis and personal plans had clear guidelines in place on the management of these needs. A sample of these plans were reviewed by the inspector and were found to contain clear guidance to staff on the monitoring of response to and treatment of specific conditions. Staff spoken to were very familiar with each resident’s healthcare needs and demonstrated a clear understanding of their daily role in caring for each resident. For example, some residents in the centre presented with neurological related healthcare conditions. Staff informed the inspector of the daily care needs required by these residents. Furthermore, staff demonstrated clear knowledge on how they would respond to these residents should they require emergency medical attention.

The inspector found residents had timely access to various allied health professionals such as nutritional specialists, behavioural specialists, occupational and physiotherapy services. Residents had access to a General Practitioner (GP) service of their choice. Some residents required modified diets at the time of inspection. Staff demonstrated clear understanding of each resident’s nutritional needs and in the preparation of such modified diets. Meals were prepared and served in the main kitchen and dining area of the centre. The inspector observed residents being supported at mealtimes, and residents were also supported to dine out if they wished to do so.

**Judgment:**
Compliant

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<td><em>Each resident is protected by the designated centres policies and procedures for medication management.</em></td>
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**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were written operational policies and procedures in place relating to the ordering, prescribing, storage and administration of medications to residents. However, the inspector found areas for improvement in relation to prescribing practices, the disposal of expired medicinal products and the assessment of residents’ capacity to take responsibility for their own medication.

Medications were observed to be stored in a locked cupboard. Medications were dispensed were clearly labelled with residents’ details. Topical medications which were
not dispensed in blister packs were found to be clearly labelled with the residents’ details. Medication storage and administration practice within the centre was reviewed regularly by the PIC. A number of staff members had completed safe medication administration training at the time of inspection. Staff spoken with were knowledgeable on the centres’ medication management policies and of the procedure to be adhered to, in the event of a medication related incident.

A number of prescription sheets were reviewed by the inspector. These were found to clearly identify the resident the medication was prescribed for, the name of the medication prescribed, the dosage, route and time of administration. Each prescription sheet was signed by the prescribing practitioner. However, the inspector found some gaps in the prescribing practices of nutritional supplements. Where residents were prescribed nutritional supplements, not all prescription sheets guided on the frequency of administration.

No residents were self administrating at the time of inspection. The inspector found that residents were not routinely risk assessed or had an assessment of capacity completed to determine their suitability to self-administer medication. The PIC informed the inspector that plans were in place to implement this assessment process, but was unable to provide a timeframe for when this assessment process would commence.

The centre had a first aid box which was checked on a regular basis to ensure it contained all required medicinal items. However, the inspector found some medicinal products stored in the first aid box had expired. This was brought to the attention of the PIC rectified this non-compliance on the day of inspection.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
The quality of care and experience of the residents was monitored and developed on an on-going basis. Effective management systems were in place that supported and
promoted the delivery of safe, quality care services. There was a clearly defined management structure in the centre that identified the lines of authority and accountability.

The management structure of the centre had changed since the last inspection. The PIC had recently been appointed to the post. The inspector met with the PIC, PPIM and Provider on the day of inspection. The PIC was found to be knowledgeable of the operations of the centre and in the responsibilities of the senior management role she held. The PIC was in the process of revising the centres’ processes and systems to facilitate her to have increased oversight of the service being provided to residents. The PIC held both an operational and administrative role in the centre. The PIC was rostered for administrative hours each week. The PIC was also in the process of taking a management course at the time of inspection.

The PIC was supported by the Person Participating in Management (PPIM) who was present in the centre on the day of inspection. An annual review of services had been completed by the provider. The inspector observed that six monthly unannounced visits were being completed within the centre and the findings were in the process of being actioned.

The inspector observed that staff meetings were held on a regular basis within the centre and these were chaired by the PIC. These meetings were observed to occur on a consistent basis and incorporated a review of the centres' accidents and incidents, complaints, resident care and organisational related topics.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
On the day of inspection, the inspector found there were appropriate staff numbers and skill mixes to meet the assessed needs of residents.

Three staff members were on duty on the day of inspection. One waking staff member
was rostered for night duty. Out of hours arrangements were also in place to support staff and management where the centre was operating minimum staffing levels. The inspector observed that there was a planned and actual roster for the centre. This roster indicated the name and role of the staff members rostered for duty. Contingency plans were in place within the organisation to cover staff annual leave and sick leave. The centre was not using agency staffing at the time of inspection.

The inspector was informed by the PIC of arrangements for staff supervision that were currently in operation. Staff were further supported through regular staff team meetings. Staff training records were reviewed by the inspector and all staff were found to have up-to-date mandatory training. The inspector also observed the centre had provisions in place to facilitate refresher training for staff.

A sample of staff files were reviewed as part of the inspection and were found to contain the requirements of Schedule 2 of the regulations.

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:

Anne Marie Byrne
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

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<td>09 January 2017</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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure staff were guided by policy on the support to be provided to residents in managing their own daily financial affairs.

1. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
Finance policy and procedure is currently being reviewed by the organisation, with plan to have this completed by the end of May 2017.
In the meantime Person in Charge of this designated centre has put in place local day to day finance procedure. This has been put in place from 27/01/2017.

**Proposed Timescale:** 31/05/2017

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to display a copy of the complaints procedure in the centre.

2. **Action Required:**
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

**Please state the actions you have taken or are planning to take:**
Copy of complaint procedure is displayed in the designated centre in service user friendly format. Completed.

**Proposed Timescale:** 10/01/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure adequate assessments were completed to reflect changes in residents' skin integrity status.

3. **Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
Person in Charge has updated skin integrity care plan. Weekly skin integrity review is in place in the designated centre. Completed.
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<td><strong>Theme:</strong> Effective Services</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure personal plans were amended to reflect changes in the progression and status update of residents’ personal goals.

4. **Action Required:**
Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

**Please state the actions you have taken or are planning to take:**
New format of tracking on progress on goals has been implemented and is attached to person centred plans to monitor planning progress.

<table>
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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 provider failed to ensure the following risks were appropriately assessed and managed:
- Manual handling practices where minimum staffing levels are in place
- Safe storage of cleaning chemicals within the centre

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

**Please state the actions you have taken or are planning to take:**
Risk assessment has been updated by the Person in Charge. Staff have been informed of safe storage of cleaning chemicals within the centre.

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<th>Proposed Timescale: 19/01/2017</th>
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<td><strong>Theme:</strong> Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure the following infection control practices were in place:
- Adequate cleaning processes within communal bathrooms.
- Appropriate location of the centre’s utility sink
6. 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:**
New daily cleaning checklist has been instigated since 26/01/2017, deep cleaning of service was carried out on the 10/01/2017.

Appropriate work to relocate the utility sink has been reviewed with plan to have this completed by the end of February 2017.

**Proposed Timescale:** 28/02/2017

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure the back door fire escape route had emergency lighting to guide to the fire assembly point.

7. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
Emergency lighting has been put in place.

**Proposed Timescale:** 24/01/2017

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider has failed to ensure adequate arrangements are in place to ensure:
- All residents can be effectively evacuated where minimum staffing levels are in place
- Residents PEEPs are updated to reflect the maximum number of staff that may be required to assist residents during an evacuation

8. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
- Advice was sought from a Fire Evacuation Strategist on 02/02/2017 and the CEEP is
being updated on the advice received.
-Residents PEEPs have been updated to reflect staffing levels on 30/01/2017.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure the back door fire exit was maintained unobstructed.

**9. Action Required:**
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

**Please state the actions you have taken or are planning to take:**
Obstruction have been removed.

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**Outcome 12. Medication Management**

| **Theme:** Health and Development |

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to put in place appropriate and suitable practices in relation to the checking for and disposal of out of date medicinal products.

**10. Action Required:**
Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

**Please state the actions you have taken or are planning to take:**
Out of date items have been removed. Responsibility has been allocated to a medication trained staff for checking stock. Person in Charge reviews medication by carrying out medication audits currently every two weeks.

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<td><strong>Theme:</strong> Health and Development</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure risk assessments and assessments of capacity were in place to encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

11. Action Required:
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take:
Self-assessment tool completed for all residents.

Proposed Timescale: 25/01/2017
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to put in place appropriate and suitable practices to ensure the frequency of administration for nutritional supplements was identified on prescription sheets.

12. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
Nutritional supplements have been removed from PRN MARS sheet.

Proposed Timescale: 01/02/2017