



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Ti Geal
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	08 October 2018
Centre ID:	OSV-0004074
Fieldwork ID:	MON-0021863

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre provides a residential and respite service for up to six adults who have an intellectual disability. The centre can cater for residents with some medical healthcare needs, behaviour that is challenging and who may also attend the services of the mental health care team. A combination of social care workers and care assistants support residents during day and night-time hours.

The centre is a two-storey house which is located in a suburban area of a large city. Public transport links are available to residents and transport is also made available by the provider.

The following information outlines some additional data on this centre.

Current registration end date:	13/03/2019
Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
08 October 2018	09:00hrs to 14:00hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with three residents who spoke briefly and were busy preparing to attend their respective day services. Residents appeared relaxed on the morning of inspection and were supported by staff members who appeared kind and caring in their approach.

A review of resident questionnaires indicated that they were happy with the service provided. Residents indicated that they were satisfied with the level of community access and were offered choice on a daily basis in terms of meals, activities and times to relax.

Capacity and capability

The inspector found that the provider had appropriate systems in place to ensure that the quality and safety of care which residents' received was maintained to a good standard.

The governance arrangements in this centre ensured that effective systems were in place to monitor the quality and safety of care provided to residents. The provider had conducted all required reviews and audits as stated in the regulations and the person in charge was completing on-going reviews of the care practices within the centre. The inspector found that information gathered from these audits and reviews was used to improve the quality of life for residents and also to ensure that consistency of care was provided in the centre.

The provider ensured that a competent workforce supported residents in a manner which met their needs by facilitating both mandatory and refresher training in areas such as fire, safeguarding, positive behavioural support and dementia care. The inspector also found that care was provided to residents by staff which were familiar to them and staff members who met with the inspector were found to have a good understanding of care practices in the centre.

The person in charge had worked in the centre for a number of years and had a good understanding of the residents' needs. The person in charge has also produced a statement of purpose which accurately described the service and the supports which would be implemented in the delivery of care to residents.

Overall, the inspector found that residents' enjoyed a good quality of life and were supported in line with their individual likes and preferences. Risk management systems ensured that the safety of residents was maintained to a good standard and also supported their independence in the community. Residents also enjoyed a good

social life and regularly attended their local community for leisure activities and everyday experiences such shopping and meals out.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced and had a good understanding of the residents' care needs. The person in charge was also conducting regular audits of the quality and safety of support provided, which ensured that a good level of care was maintained.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents' received continuity of care from staff members who were familiar to them.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members were up-to-date with training needs and they were also provided with regular support and supervision from the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The provider had appropriate monitoring and oversight arrangements in place which ensured that residents' received a good quality of care and support. All audits and reviews had been conducted as prescribed by the regulations and the information which was gathered was used to improve the service for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The person in charge had produced a statement of purpose which was reviewed on a regular basis and accurately described the intended service provision in the centre.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers deployed in the centre on the day of inspection.

Judgment: Compliant

Quality and safety

The inspector found that this was a well-managed and safe service and the provider had measures in place to ensure that there were robust quality and safety procedures in the centre.

The centre appeared to be a pleasant place to live and it had been recently decorated for an upcoming seasonal event. Staff were observed to interact with residents in a very pleasant manner and residents appeared content and relaxed in their company. There were no safeguarding plans required in this centre but the provider had measures in place to ensure that residents were safeguarded from potential abuse. There was a safeguarding policy in place and all staff had received safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse. There was also guidance in place to ensure that residents who were at an increased risk of bruising were safeguarded from potential abuse.

Residents' received person-centred care and support that allowed them to enjoy activities and lifestyles of their choice. Residents' accessed a range of activities in the local community and a review of records indicated that residents were consistently offered different choices in terms of their participation in their local community.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training for staff in the centre. Staff and

residents also participated in regular fire drills.

The provider had a risk management register in place, which adequately described the specific control measures in place to mitigate against identified risks. The person in charge had a good understanding of all risks in the centre and positive risk taking was promoted and supported residents' independence when accessing the community.

There were positive behavioural support plans and guidance in place which was regularly reviewed to ensure that residents' received consistency of care in this area of support. Staff who met with the inspector also had a good understanding of the residents' behavioural support needs.

There were some restrictive practices in place but there was sufficient oversight arrangements in place to ensure that these practices were regularly reviewed and were implemented as the least restrictive practice possible.

Regulation 10: Communication

Some residents required some supports in terms of communication and comprehensive communication plans were in place to support these residents. A referral had also been made to a speech and language therapist for a resident who required further intervention and staff from both the designated centre and day centre were coordinating to meet these communication needs.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to manage their own financial affairs and the person in charge was conducting regular audits of money which was spent on behalf of residents to ensure safe practices were employed at all times. Each resident had their own bedroom which they could lock if they wished. Staff in the centre also maintained a log of each resident's personal possessions.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' educational, training and employment needs were supported through their relevant day services; however, some residents continued to develop their

interests in arts and crafts and baking in the centre. All residents participated in maintaining their own bedrooms and they also assisted with the general upkeep of the centre.

Judgment: Compliant

Regulation 20: Information for residents

The person in charge had produced a residents' guide which accurately described the service in a user friendly format.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had sufficient oversight of the identified risks in the centre to ensure that the safety of residents, staff and visitors was maintained to a good standard. All risks had an associated management plan which was reviewed on a regular basis to ensure that all control measures were effectively implemented. Positive risk taking was actively promoted which assisted in developing and maintaining residents' independence.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that appropriate fire precautions were in place and the person in charge ensured that these precautions were well maintained. The staff team were conducting regular fire drills which indicated that all residents could be evacuated at all times of the day and night. Staff also had a good understanding of fire safety procedures and could clearly account for the residents' needs should a fire occur.

Judgment: Compliant

Regulation 6: Health care

Each resident was supported to access their general practitioner and allied health professionals on a regular basis and in times of illness. The person in charge

ensured that residents' received consistency of care by maintaining detailed healthcare plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had a good understanding of behavioural support plans which were in place and restrictive practices which were implemented in the centre were kept under regular review to ensure that the least restrictive practice was implemented at all times.

Judgment: Compliant

Regulation 8: Protection

Staff members had received training in safeguarding and the centre appeared to be a pleasant place to live. Residents interacted freely with staff members who interacted with residents in a warm and caring manner.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant