



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

Name of designated centre:	Arbutus Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	05 March 2018
Centre ID:	OSV-0004105
Fieldwork ID:	MON-0020991

About the designated centre

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

Arbutus provides residential services to seven people with moderate to high support needs. It is intended to meet the needs of residents with a primary diagnosis of intellectual disability and may also include co-morbidity. The service is open seven days a week and can accommodate residents from the age of 18 years onwards. The centre comprises of two premises, which are located on the outskirts of a city and within close proximity to each other. Both premises are two storey houses, containing single occupancy bedrooms, an en-suite, shared bathrooms, sitting rooms, kitchen and dining areas, staff offices and garden areas. Residents have access to transport and are within close proximity to local hotels, shops and amenities. Staff are on duty in this centre both day and night.

The following information outlines some additional data on this centre.

Current registration end date:	09/09/2018
Number of residents on the date of inspection:	7

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
05 March 2018	09:00hrs to 18:30hrs	Anne Marie Byrne	Lead

Views of people who use the service

The inspector met with six residents who live in this centre and spoke directly with four residents about the care and support they receive.

Residents spoke positively about many aspects of the service, including the support they receive from staff which enables them to spend time alone if they wish to do so. Residents also said they are consulted about the running of the centre service and have opportunities available to them to engage in activities that they like. Residents were observed to interact respectfully with one another and appeared comfortable in the company of staff working in the centre.

Residents completed questionnaires in advance of this inspection and gave positive feedback on areas such as meals and mealtimes, visiting arrangements, privacy and dignity, community engagement and recreational activities.

Capacity and capability

The provider had systems in place to ensure that the service delivered to residents was regularly reviewed and effectively monitored. Residents enjoyed a good quality and safe service and the provider had put measures in place to address the areas of improvement required from the previous inspection.

There was a clearly defined management structure in place that identified specific roles and responsibilities for all areas of the service. The person in charge had the overall responsibility for the centre and she was found to be suitably qualified and experienced to fulfill this role. She held an administrative role and had the capacity to visit the centre regularly each week. Since the last inspection, a team leader had been appointed to the centre, which had a positive impact on the management of the centre. The annual review and six-monthly provider-led unannounced visits were completed in line with the regulations and the provider had made substantial progress towards addressing the areas of improvement identified. A structured meeting system was in place, which ensured that staff were kept up-to-date on any issues or changes within the service.

The provider ensured that all aspects of the service were regularly monitored, which had a positive impact on the care and support received by residents. The provider also ensured that where incidents occurred in the centre, these were reviewed and responded to in accordance with the organisation's policies.

Staffing arrangements were regularly reviewed by the person in charge, which

ensured that sufficient staff were available to support residents. The provider had adequate transport arrangements in place and residents were also supported to use public transport independently if they wished to do so. Some residents told the inspector that they liked to spend time on their own in the centre and that the provider had put safety arrangements in place which supported them to do so. The provider had also ensured that any equipment required by residents was available to them in the centre.

Staff who spoke with the inspector had good knowledge of the service and of the assessed needs of residents. Arrangements were in place to ensure staff received up-to-date mandatory training and regular supervision from the person in charge. Regular staff meetings ensured staff had an opportunity to voice concerns about the care received by residents. Where volunteers were working within the service, the person in charge had ensured all information, as required by the regulations, was in place for them.

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents. No agency staff were used by the provider as adequate staffing levels were available within the service to ensure residents received continuity of care and support. There was a planned and actual rota, which showed the staff on duty during the day and night; however, the exact start and finish times of shifts worked was not always clear on the rota.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had received up-to-date mandatory training in safeguarding, fire safety, manual handling, infection control and management of behaviours that challenge. Where the need for additional training was identified, systems were in place to provide such training to staff. Staff received regular supervision from the person in charge and a copy of the regulations and standards was available to staff in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was resourced for the effective delivery of care and support in accordance with the statement of purpose. The person in charge had the overall responsibility for the centre and had the capacity to visit the centre regularly each week. She was supported by a team leader, the person participating in management and by the provider's representative in the management of the centre. The annual review and six-monthly unannounced provider-led visits were occurring in line with the requirements of the regulations. The person in charge demonstrated to the inspector the actions that were in place to address any identified failings from these reports. A copy of both reports were available in the centre. Regular staff meetings were occurring, which facilitated staff to discuss and raise concerns about the quality and safety of the care and support provided to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured that each application for admission to the centre was determined on the criteria as set out in the statement of purpose. Each resident had a written agreement in place with the provider which included the services to be provided to the residents and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose for the centre and this was regularly reviewed by the management team. On the day of inspection, the inspector observed that not all information as required by Schedule 1 of the regulations was included. This was brought to the attention of the person in charge, who provided a revised statement of purpose containing all requirements of schedule 1 in the days subsequent to the inspection.

Judgment: Compliant

Regulation 30: Volunteers

There were some volunteers supporting residents living in this centre and the person in charge had ensured that each volunteer had their roles and responsibilities

set out in writing, received supervision and support and had up-to-date garda vetting in place.

Judgment: Compliant

Quality and safety

Overall, the inspector found the care and support needs of residents were met. Various systems were in place to ensure that residents were supported to live the lives that they wanted.

The provider ensured that the centre was operated in a manner that respected the age, gender, sexual orientation and status of each resident. Arrangements were in place which ensured residents had opportunities to exercise choice and participate in decisions about their care and support. Regular residents' meetings meant residents were consistently consulted about the running of the centre. Various opportunities were available to residents to access facilities for occupation and recreation, with some residents having part-time jobs and taking part in training courses of interest to them.

Assessment and personal planning arrangements ensured that residents were regularly assessed and had personal plans in place to guide staff on the support the residents required. A resident with a specific healthcare need, told the inspector how she was provided with equipment and supported by staff to independently manage her daily care. The person in charge had a system in place for the review of assessments and personal plans, which ensured all residents received a review on a minimum annual basis. Personal goals were developed with residents, reflected residents' personal interests and were available to residents in an accessible format. Although these goals were regularly reviewed, some improvements were required to ensure the records available identified a time frame for achievement and the names of those responsible to support the resident to achieve their goals.

The provider had taken precautions against the risk of fire and staff and residents who spoke with the inspector were aware of the procedure in the event of a fire. Comprehensive evacuation plans ensured that staff were guided on the support required by residents in the event of an evacuation. Since the last inspection, the provider put additional containment measures in place; however, these measures were found by the inspector to be ineffective. In addition, further improvements were required to fire drills, the fire procedure and to the fire risk assessment for the centre.

Revised risk management systems demonstrated that clear controls were in place to manage risk in the centre. Residents were supported to participate in positive risk-taking activities and risk assessments were in place that demonstrated the control measures in place to keep these residents' safe. Although a system was in place that ensured both residents' and organisational risk assessments were regularly

reviewed, the specific risk that was being managed was not always clearly identified.

Behaviour support arrangements ensured that residents, with behaviour that challenges, were supported by staff. Where restrictive practices were used, a system was in place to ensure these were regularly reviewed, with one resident telling the inspector that they will be involved in an up-coming review of their restrictive practices. The provider had arrangements in place to detect, respond to and manage any safeguarding concerns. All staff had received up-to-date training in safeguarding and demonstrated to the inspector how they keep residents safe.

Regulation 10: Communication

Some residents had specific communication needs and the provider had arrangements in place to ensure these residents were supported in accordance with their needs and wishes. Staff were aware of the particular communication support required by these residents and documentation was also in place which detailed the support these residents required. Assistive technology was available to residents if they required it. Residents also had access to external organisations to support them in sourcing the aids that were most suitable to meet their specific communication needs. Residents had access to Internet, television and radio.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured residents had access to facilities for occupation and recreation. Some residents had part-time jobs and were supported to attend their place of work. Where residents voiced an interest in training courses, volunteer work or other interests, they were supported by staff to do so. Residents were supported to develop and maintain personal relationships and links with the community in accordance with their wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place which contained all information

as required by the regulations. There were systems in place for the assessment, management and review of risk. Positive risk-taking activities had risk assessments in place which demonstrated the control measures put in place to keep residents safe. At the time of inspection, the person in charge was in the process of revising the risk register to ensure all risks specific to the centre had updated controls in place. However, the provider had not ensured that risk assessments clearly identified the risk that was being managed. For example, although restrictive practice risk assessments were in place, these were not specific in identifying the risk relating to the restrictive practice that was being mitigated against. This was also observed in the fire risk assessment for the centre, where the risk assessment failed to identify the specific fire risk that was being managed by the controls in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had some fire safety precautions in place including regular fire checks, up-to-date staff training in fire safety, regular fire drills, external and internal emergency lighting and up-to-date resident evacuation plans. Both staff and residents who spoke with the inspector were aware of how they would safely evacuate the centre in the event of a fire. The fire procedure was prominently displayed in the centre, and following review by the inspector, the person in charge updated the procedure for one premises to ensure it accurately identified how the premises would respond to fire. However, the fire procedure for the second premises did not consider how residents would be evacuated from the rear garden, should they exit the house from the back door.

Since the last inspection, self-closing devices were fitted to fire doors; however, these were found to be ineffective as they did not always fully close the doors. This was brought to the attention of the person in charge, who provided written assurance to the inspector that this issue would be addressed the day after the inspection. Although a fire risk assessment was in place for the centre, it did not include the fire containment measures that were in place to ensure the effectiveness of these measures were being regularly reviewed. Further improvements were required to fire drills occurring in the centre, to ensure all evacuation routes were considered as part of these drills.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charged ensured that each resident had an annual assessment

completed of their health, social and personal needs. Personal plans were in place to guide staff on how to support residents' assessed needs and residents were consulted in the development and review of these plans. These plans were available to residents in picture format and some residents spoke to the inspector about the content of their personal plans. Where changes to residents' needs occurred, assessment and personal plans were updated. Personal goals were developed and reviewed with residents on a regular basis. However, some improvements were required to ensure these plans clearly identified the time frames for achievement and the names of those responsible to support the residents to achieve their goals.

Judgment: Substantially compliant

Regulation 6: Health care

Some residents living in this centre had specific healthcare needs. Healthcare assessments were in place for these residents and personal plans were in place to guide staff on how they were required to support these residents. Residents had access to a general practitioner (GP) of their choice and to a variety of allied healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents presented with behaviours that challenge, the provider had ensured these residents had regular assessments. Behaviour support plans were in place to guide staff on how to support these residents and all staff had received up-to-date training in the management of behaviours that challenge. A behaviour support specialist was also available to the centre in the management and review of residents' behaviours. There were some restrictive practices in place and the person in charge told the inspector that a plan was in place to review all restrictive practices in the weeks subsequent to the inspection. Plans were in place to guide staff on the appropriate application of these restrictions and residents who spoke with the inspector, said that they planned to take part in the up-coming review of their restrictive practices.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in place at the time of this inspection. The provider had a policy in place to guide staff on how to report, respond to and manage any safeguarding concerns. Residents who spoke with the inspector said that if they did not feel safe that they would report this to the person in charge. All staff had received up-to-date training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had systems in place to ensure that the centre was operated in a manner that respected the age, gender, sexual orientation and religious beliefs of the residents living there. Each resident had an opportunity to consent to the care and support they received and were facilitated to be part of the review of their care. Each resident was supported to exercise choice and control over how they wished to spend their day. For example, the provider had arrangements in place to facilitate residents who did not want to participate in group activities, to spend time alone at home at their own request. Residents had access to advocacy services and information about their rights was displayed in the centre. Weekly residents' meetings were occurring which allowed residents participate in the running of the centre. Each resident had access to their own bedroom and had their own key for their room.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Arbutus Services OSV-0004105

Inspection ID: MON-0020991

Date of inspection: 05/03/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge has reviewed service rota and the exact start and finish times of shifts worked are now clearly noted on the rota, using the 24 hour system.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The person in charge has undertaken a review to ensure that all risk assessments outline a clear description of the risks that are being managed. The Centre risk register and risk assessments have been updated following this review. All risks noted in the centre risk register are reviewed by the person in charge as per schedule and more frequently if required.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire procedure for both premises have been reviewed and updated with evacuation from the rear garden included. Plan has been developed to review fire containment measures, this includes updating of the risk assessment which has been completed, and regular review of measures. A Fire Safety Expert has been sought to review measures, as identified in the risk assessment.	

A fire drill has taken place to ensure all evacuation routes have been included as part of drills, this is included in scheduling of fire drills going forward. |

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

All personal plans for residents have been reviewed by the person in charge and now clearly identify the specific timeframe for the achievement of goals and the full names of those responsible to support the residents to achieve their goals.

Personal plans and their progress will be reviewed at team meetings.

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Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	10 March 18
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	26 April 18
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31 May 18

Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	26 April 18
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	26 April 18
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	26 April 18