



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

Issued by the Chief Inspector

Name of designated centre:	Teach Michel Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	05 and 06 November 2019
Centre ID:	OSV-0005700
Fieldwork ID:	MON-0021256

About the designated centre

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

Teach Michel can provide a full-time residential service to people with an intellectual disability who require a minimum to high level of support. Teach Michel is unable to provide a service for those with complex physical and medical needs. The service can accommodate six male and female residents from the age of 18 upwards. The centre comprises four fully self-contained apartments in a residential area on the outskirts of a city. Residents in Teach Michel are supported by a staff team which includes the person in charge, social care workers and care assistants. Staff are based in the centre when residents are present and staff members sleep there at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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 November 2019	16:50hrs to 19:30hrs	Jackie Warren	Lead
06 November 2019	10:15hrs to 16:20hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with four residents who lived in the centre, three of whom discussed their experience of living there. These residents told the inspector that they felt well cared for and safe while in the centre, that they trusted the staff, and that they had good access to activities of their choice. They knew who was in charge, and stated that they could confide in staff if they had any concerns or worries, and they felt confident that their concerns would be addressed. Residents talked about having active lives, and being involved in meaningful activities that they enjoyed, such as going on holidays, meeting up with family and friends, housekeeping, cooking their meals, shopping, socialising, community activities, work projects, and dining out. They also confirmed that they very much enjoyed living in centre, and that that they were comfortable and happy in their apartments. Another resident did not wish to speak with the inspector at length, but it was very evident that this resident was happy and comfortable in the centre and in the presence of staff, and was enjoying the activities that were taking place. Throughout the inspection it was evident that residents were doing things that they enjoyed, that they were relaxed and happy in the centre, and that they were being supported by staff to express their views and choices.

Capacity and capability

Overall, the governance and management arrangements ensured that a good quality and safe service was provided for residents living at this centre. Improvement was required; however, to some aspects of record keeping and reporting.

There was a person in charge worked closely with a team leader who was based in the centre and who was responsible for the day-to-day running of the service. Although new to this centre, the person in charge was known to the residents and was familiar with their care and support needs. The person in charge had identified several areas for improvement and had commenced processes to address these. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty. The person in charge was knowledgeable of statutory responsibilities, including the notification of specific events to the Chief Inspector of Social Services.

The service was subject to ongoing monitoring and review of the care and service being provided to residents. Unannounced audits of the centre's practices were being carried out twice each year by representatives of the provider. Any required improvements arising from these audits had been identified, and most had been addressed. Reviews of the care and support provided at the centre had not been

carried out annually as required by the regulations. Although the centre had been in operation for almost two years there was no evidence that an annual review had been carried out at the end of the first year. There was no annual review available in the centre, although the person in charge established that such a review had recently been sent to the provider.

Rosters, and discussions with staff, showed that there were sufficient numbers of staff on duty to support residents' assessed needs. The inspector observed, and staff confirmed, that staffing arrangements ensured that residents were able to take part in activities of their choice in the centre and the local community. The inspector found that staff treated residents in a respectful and caring way, were knowledgeable of their care needs, and supported their choices.

The provider had ensured that the records and documentation required by the regulations, such as a statement of purpose, service agreements, residents' health and social care information, and fire safety records, were being maintained and were available in the centre. However, some of the required information was not suitably recorded required improvement. For example, reviews of some social care information was not being suitably recorded, and records of food being supplied to residents was not being maintained. Furthermore, some missing person profiles did not contain relevant information that would assist in the identification of a missing resident.

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge visited the centre frequently and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Planned staffing rosters had been developed and were updated as required. These were accurate at the time of inspection.

Judgment: Compliant

Regulation 21: Records

The provider had not ensured that all records required under the regulations were suitably maintained and kept up to date. Some records were not kept in a clear and orderly fashion, evidence of reviews were not clearly recorded, in some instances the most up-to-date information was not clearly presented to guide staff, comprehensive food records were not being maintained, and some missing person profiles were not relevant.

Judgment: Not compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, there was no evidence that an annual review of the quality and safety of care in the centre had been completed when the centre had been in operation for a year as required by the regulations.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by residents and or their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met most of the requirements of the regulations. However, some of the required information was not clearly state. The statement of purpose was being reviewed annually by the person in charge, and had been made available to residents and their representatives.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector of Social Services, and these had been suitably submitted.

Judgment: Compliant

Quality and safety

The provider's practices ensured that residents' well being was promoted at all times and that they were kept safe. Residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices.

The inspector observed that staff supported residents to do things that they enjoyed both in organised day programmes, in the centre, and in the community. It was evident that residents were involved in a range of activities such as community involvement, household tasks, education, employment, visiting and socialising with family and friends, attending entertainment events and developing independent living skills. An individualised home-based service was provided to meet the needs of some residents, while other residents preferred to attend external day programmes. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way.

The provider had ensured good measures to assess, assist and support communication with residents in accordance with their needs and wishes. These included the use of communication techniques, such as picture cards and signage, development of communication passports to guide staff, and involvement of communication specialists. Residents had good access to information relating to the service and their safety and rights, such as safeguarding, fire safety and advocacy.

There were measures in place to safeguard residents from risks. These included, the development of personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. There were also procedures, such as behaviour support plans, and involvement of a psychologist and behaviour support specialist, for the support and management of behaviour that challenges. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, staff training and completion of fire evacuation drills. Residents who spoke with the inspector were aware of the emergency evacuation process, although the fire drill process had not ensured that all staff had taken part in a fire drill.

The centre suited the needs of residents. There were four separate self-contained

apartments, three of which were for sole occupancy, and one which was shared by two people. As the centre was centrally located, residents had very good access to the amenities of the local area and public transport. The centre suited the needs of residents, and was clean, comfortable, well decorated and suitably furnished. The centre was personalised with residents' belongings, pictures, art work and photographs.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. However, although residents' social, health and developmental needs were identified, reviews of residents' needs and progress in achieving personal goals were not being consistently recorded.

Residents' nutritional needs were well met. Residents, who wished to, had involvement in choosing, shopping for, and preparing their own food, and suitable foods were supplied to meet residents' assessed needs.

Throughout the inspection, staff interaction with residents was seen to be person-centred and respectful, and staff demonstrated an in depth knowledge of residents' care and support needs.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and residents were also supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve these in accordance with their individual

choices and interests, as well as their assessed needs.
Judgment: Compliant
Regulation 17: Premises
The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Suitable foods were provided to meet residents' assessed needs.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had ensured that measures were in place to protect residents and staff from the risk of fire. However, the fire evacuation drill process required improvement. While fire drills involving residents and staff were being carried out in a timely manner, some staff had not been involved in fire drill practices. Furthermore, there had been no assessments of some residents' responses to the fire alarm while they were sleeping.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
Comprehensive assessments of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. However, some of the information recorded in residents' personal plans had not been updated to reflect residents' current need and did not reflect the knowledge of staff and the care that was being

delivered.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Teach Michel Services OSV-0005700

Inspection ID: MON-0021256

Date of inspection: 05/11/2019 and 06/11/2019

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 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A review of records took place immediately after the inspection. Details of the files reviewed were recorded and placed in each individual file. Files now contain up to date information to guide and support staff and any information which was no longer relevant was removed and archived. A full comprehensive review of all files will be completed by 30.11.2019</p> <p>Food records are now being maintained in the centre. Missing person profiles have been updated to include additional information which will assist in identifying any resident who may go missing and larger pictures of residents are now in place to accompany the profile.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: At the time of inspection, an Annual Review had been completed and was in draft format. The review was finalised and signed off in the days following the inspection. The Person in Charge has commenced the Annual Review for 2019 and will ensure that a review is completed at yearly intervals.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been updated to include all of the information set out in Schedule 1. The statement of purpose is reviewed annually and as required by the person in charge, and has been made available to residents and their representatives.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All staff are scheduled to participate in fire drills before the end of the year. Late night and early morning drills will take place to assess residents' responses to the fire alarm while they are sleeping. The Person in Charge has a plan in place to ensure that all staff participate in a minimum of one fire drill per year with drills taking place on a quarterly basis.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>All information recorded in residents' personal plans have been updated to reflect residents' current need and also reflects the knowledge of staff and the care that is being delivered to residents. This includes updates to Speech Therapy Reports and Circle of Support meetings.</p>	

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 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	30/11/2019
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/11/2019
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	Substantially Compliant	Yellow	30/12/2019

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2019
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/11/2019
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	30/11/2019