



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Riverside Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	28 February 2020
Centre ID:	OSV-0005749
Fieldwork ID:	MON-0024862

About the designated centre

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

Riverside Services is a centre which is run by Ability West. The centre is located in a town in Co. Galway and provides residential and respite care for up to seven male and female residents, who are over the age of 18 years and have a mild to moderate intellectual disability. The centre is comprised of four apartments, with each resident having access to their own bedroom, shared bathrooms and communal areas. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Friday 28 February 2020	11:00hrs to 18:45hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

There were five residents present in the centre during the inspection, four of whom spoke at length with the inspector. One resident chose to speak briefly with the inspector. Residents confirmed that they were happy with the service and care provided, had good access to the local community and enjoyed living in the centre. They also said that they enjoyed the activities that they took part in at their day services and in the local community. They told the inspector about their lives, hobbies, visitors and family, and social outings. Residents knew who was in charge in the centre and said that they trusted the person in charge and staff. Residents also knew how to raise any issues or concerns and they felt confident that if they had any concerns that they would be taken seriously.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived, or received respite care, in this centre.

There was a clearly defined management structure. Systems were in place, such as reviews and management meetings to ensure that the service was provided in line with residents' needs and that residents were safe. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

The provider had allocated sufficient staff to the centre to support residents' assessed needs, including activity choices. There was a suitably qualified and experienced person in charge who was well known to residents and who knew their care needs. There were cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

Since the last inspection of the centre, the provider and the management team had addressed any issues that required improvement, and the person in charge and ensured that these improvements had been sustained. However, the statement of purpose, which was generally suitable, required some minor adjustment.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

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.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned and actual staffing rosters had been developed by the person in charge and these were accurate at the time of inspection.

Judgment: 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.

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, it did not clearly state some of the information required by the regulations. The statement of purpose was being reviewed annually by the person in charge, and was available in the centre to residents and their representatives.

Judgment: Substantially compliant

Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that they were kept safe. The inspector found residents received person centred

care and support that allowed them to enjoy activities and lifestyles of their choice. The inspector could see that residents were out and about in the community, and they confirmed that they enjoyed this.

The centre suited the needs of residents, and was comfortable, well decorated and suitably furnished. Some residents had their own apartments, while others shared apartments. However, all residents had their own bedrooms and could lock their doors if they chose to. The rooms were decorated to residents' liking, & residents had been involved in shopping for furniture when the apartments were being developed. The centre was maintained in a clean and hygienic condition throughout. The apartments were well heated, and overall were suitably ventilated. However, one bedroom had no means of suitable ventilation to the external air, as it did not have an openable window.

There were measures were in place to protect residents and staff from the risk of fire. These included up to date servicing of fire fighting extinguishers and the fire alarm system. Staff also carried out a range of fire safety checks. Fire evacuation procedures were displayed and staff had received formal fire safety training. All bedrooms had fire doors for the containment of fire and smoke. Fire evacuation drills involving residents and staff were carried out. Residents were very clear on the evacuation procedure and confirmed that the alarm would waken them if they were asleep. However, there had been no assessment of the risks associated with evacuation carried out while residents are sleeping. Other risks in centre had been identified, and control measures were in place to manage risks.

In addition, the provider had suitable measures in place for the support and management of behaviour that challenges. These included training, development of support plans and involvement of a psychologist.

Residents had access to medical and healthcare services to ensure that they received a good level of health care. All residents had access to a general practitioner and attended annual health care checks. Residents also had access to consultants and healthcare professionals, and those who were eligible had the opportunity to attend national screening programmes. Residents' nutritional needs were well met. Residents' weights were being monitored and suitable foods were provided to meet any identified nutritional needs.

There were safe medication management processes in place to protect residents from the risk of medication errors. A medication issue identified at the previous inspection had been addressed.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care. However, some improvement was required to the ventilation arrangements in one bedroom.

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, suitably decorated and comfortably furnished. However, there was no permanent means of ventilation to the external air in one bedroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met, and residents had choice around meals and food . Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice.

Judgment: Compliant

Regulation 28: Fire precautions

Measures were in place to protect residents and staff from the risk of fire. However, improvement to fire evacuation drills was required, as no assessment had been carried out when residents were sleeping to establish the effectiveness of the evacuation process in this situation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and medical consultants.

Judgment: 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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Riverside Services OSV-0005749

Inspection ID: MON-0024862

Date of inspection: 28/02/2020

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:

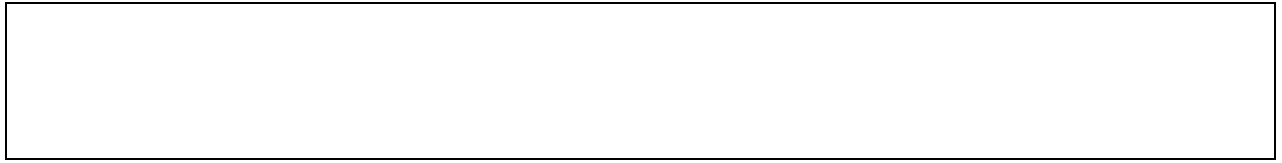
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of purpose will be reviewed and updated as necessary to ensure compliance with regulatory requirements.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Person in Charge will liaise with the Ancillary Services and Facilities Manager to ensure that necessary works are carried out to provide a permanent means of ventilation to the external air in one resident's bedroom.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drill will be undertaken when residents are asleep to establish the effectiveness of the evacuation process in this situation. All learnings will be discussed at team meetings and CEEP and PEEPs will be updated as required.	



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 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	25/05/2020
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	07/04/2020
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	30/03/2020