



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

Issued by the Chief Inspector

Name of designated centre:	Oldfield Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	02 September 2021
Centre ID:	OSV-0001510
Fieldwork ID:	MON-0033426

About the designated centre

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

Oldfield Services is a designated centre which offers full-time, part-time and respite services to residents with a low to moderate intellectual disability. The centre can also support residents with complex needs such as behaviours that may challenge, epilepsy, autism and mental health issues. A social care model is provided in the centre and residents are supported by both social care workers and care attendants. Staffing arrangements in this centre facilitate residents to engage in community activities and a sleep in arrangement of one staff member is used to support residents during night time hours. The centre is a large, two-storey, building which is located in a suburban area of a large city. Each resident has their own bedroom and there is ample shared living arrangements for residents to have visitors in private, if they so wished. There is also a large patio area for residents to enjoy and there is transport available for residents to access the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 2 September 2021	09:00hrs to 13:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that the centre appeared like a pleasant place in which to live and that residents welfare and well-being was actively promoted.

The inspector met with two residents on the morning of inspection as they were preparing to attend their respective day service. Both residents were relaxing in a sitting room and they were comfortable and relaxed as they spoke with the inspector, a staff member and the person in charge. One resident spoke freely and said that they liked the centre and they joked with staff about enjoying a cooked breakfast at weekends. The second resident also indicated that they liked their home and that they were looking forward to attending their day service. A resident also spoke about how they like their own individualised living area and that they love watching a popular television programme.

The centre was warm, bright and comfortably furnished throughout. There were two reception rooms available for residents to relax and the centre had a large kitchen and separate dining area. Residents also had their own bedrooms and there was an ample number a shared bathrooms. A mentioned above, a resident also had their own individualised living area which consisted of a bedroom, sitting room a large bathroom. This residents stated that they didn't mind if the inspector looked at their area which was found to be personalised with DVDs and pictures of activities and events they attended.

Residents enjoyed a good social life and they were active in their local communities. One resident had an interest in fitness and a review of their daily notes showed that they went for regular walks and were supported to go jogging with staff. They also went hill walking in Connemara and photographs in their personal plan showed then enjoying various hill walking trips to a scenic route and vantage point. Other residents were enjoying the easing of national restrictions and were going for coffee, shopping and some residents also participated in a nearby beach clean-up. Residents were also facilitate to identify and achieve personal goals with one resident participating in a five kilometre virtual charity walk and also purchasing a fitness watch. One resident's goal to attend an 1980's concert was postponed because of COVID-19, but it was clearly evident in their personal plan that staff would be assisting with this goal once restrictions were lifted.

Residents were actively involved in decisions about their home and care and they attended their annual reviews with their family members and also regular house meetings. House meetings kept residents up-to-date with issues such as maintenance, new staff and also covered areas such as personal safety. Information on rights and making a complaint was also on display and a review of daily notes indicated that residents had control over how they preferred to spend their time. For example, daily notes showed how one resident on a Saturday morning said that it would be a good day to go to the cinema and he and a fellow resident enjoyed a

trip to their movie of choice that day.

Overall, the inspector found that residents enjoyed living in their home and that their rights were actively promoted.

Capacity and capability

The inspector found that the governance and management arrangements ensured that residents were safe and that their well-being and welfare was promoted. Some improvements were required in regards to personal planning, risk management and healthcare; however, adjustments in these areas would build upon the overall good quality of care which was found on this inspection.

The person in charge was in a full-time position and they were responsible for the overall management of the centre. They were found to have a good understanding of the service and of resident's individual care needs. They were also supported in their role by three senior managers. The provider had completed all required reviews and audits as required by the regulations and a range of internal audits was also occurring which assisted in ensuring that care practices were maintained to a good standard. The centre's annual review had also considered residents' views on the service which was provided and also took into account their representatives' thoughts with questionnaires issued prior to the conclusion of this review. An overall positive response was received from both residents and their representatives.

As mentioned earlier, the staff team who were supporting residents on the day of inspection were very pleasant and they interacted with residents in a very caring manner. A review of the rota indicated that residents were supported by a familiar staff team and additional training in regards to personal protective equipment (PPE), hand hygiene and infection prevention and control had been completed by all staff members which further promoted residents' safety.

Overall, the oversight of this centre ensured that that the welfare of residents was promoted and that information which was gathered through internal review processes was used to drive improvements in the quality and safety of care which was provided.

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents were supported by a familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with their training needs and they had received additional training in responding to residents' needs in areas such as epilepsy and the administration of emergency medication.

Judgment: Compliant

Regulation 23: Governance and management

The person in charge had a good understanding of the residents' needs and of the resources and care practices which were implemented to meet these needs.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had reviewed their statement of purpose as required by the regulations and this document was readily available within the service. The statement of purpose also clearly outlined the needs which the centre could accommodate and the services and resources which would be implemented to meet those needs.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of documentation indicated that all notifications had been submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an easy read complaints procedure on display and a review of documentation indicated that the person in charge had responded in a prompt

manner to a recent complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had all required policies and procedures as outlined in the regulations in place. These were readily available to staff and they were also reviewed within the required timeline.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care which was provided to residents was maintained to a good standard. Although some areas for improvement were required in regards to risk management, healthcare and medications, overall residents received a service which was safe and supported them to engage in activities which they enjoyed.

Residents had personal plans in place which clearly outlined their care needs and how they preferred to have those care needs met. Plans were formally reviewed on an annual basis at a meeting which included the resident, their representative, staff team and relevant allied health professionals. The inspector found that these arrangements ensured that the resident was directly involved in decisions about their care and that their personal plan was up-to-date with relevant care information. The provider also had a system in place which supported residents to identify and achieve personal goals. As mentioned earlier, residents had identified goals in regards to fitness and social needs, the staff team ensured that these goals would be achieved by implementing effective actions plans with clearly defined timelines and staff responsible to assist residents with their chosen goals.

Residents had good access to their general practitioner (GP) in times of illness and annual health assessments were completed as required. A resident had a significant healthcare condition and they were well supported to attend their GP, specialist consultants and allied healthcare professionals. Information to support this healthcare need was present in the resident's personal in the form of a risk assessment and a document which supported the administration of rescue medication. However, the inspector found that this information was disjointed and did not guide staff in meeting this residents overall care needs. Although there was no immediate impact on the resident, the inspector found that the care of this resident would benefit from a comprehensive care plan to meet this health issue.

A review medications indicated that they had been administered as prescribed. Medications were stored in a locked cabinet and medications prescription and administration records were maintained to a good standard. Residents had also been assessed to manage their own medications with one resident taking their own medication with staff support, on the day of inspection. This practice had also been supported by a risk assessment which assisted in ensuring that this practice was safe. However, some improvements were required in regards to the administration of an as required medication for one resident. As mentioned above, a resident had a significant health care need which did require the administration of an as required medication, but the inspector found that there was no guidance in place to support the administration of this medication or indications for it's use.

The person in charge had robust risk assessments in place for issues which directly affected individual residents and common issues such as fire safety and COVID-19. These risk assessments were regularly reviewed and the inspector found that risk ratings directly correlated to the potential impact on residents. Improvements were also noted since the last inspection, with high level risks within the centre escalated to senior management on a monthly basis. However, some improvements were required in regards to the provider's risk management policy as it did not meet the full requirements of the regulations. Although, there was no direct impact on the provision of care, this issue was also identified on the previous inspection and had not been fully resolved.

Overall, the inspector found that residents enjoyed living in this centre and that they were supported to enjoy a good quality of life.

Regulation 13: General welfare and development

Residents' employment and educational needs were catered for by their respective day services. Residents were supported to enjoy a good social life and they were active and out and about in the local communities.

Judgment: Compliant

Regulation 17: Premises

The premises was warm, bright and comfortably furnished. Residents had their own bedroom and there were two reception rooms available for residents to relax. The provider had identified an issue in relation to damp within the centre and they were in the process of addressing this issue at the time of inspection.

Judgment: Compliant

Regulation 26: Risk management procedures
The provider failed to ensure that the centre's risk management policy met all requirements of the regulation.
Judgment: Substantially compliant
Regulation 28: Fire precautions
The actions from the last inspection had been addressed with the provider ensuring that all fire doors would close in the event of a fire occurring.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The provider failed to ensure that information was in place to support the administration of an as required medication for one resident.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
Personal plans were comprehensive and supported the delivery of care for residents. Personal plans were also reviewed on a regular basis with the participation of residents.
Judgment: Compliant
Regulation 6: Health care
The provider failed to ensure that a comprehensive plan of care was in place to support a resident with a healthcare need.

Judgment: Substantially compliant

Regulation 8: Protection

The centre appeared like a pleasant place in which to live and there were no safeguarding plans required on the day of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were actively involved in the running of their home and they were supported to access their local community in line with their own individual preferences.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oldfield Services OSV-0001510

Inspection ID: MON-0033426

Date of inspection: 02/09/2021

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Quality and Compliance Department has reviewed the risk management policy to ensure it meets the requirements under Regulation 26.(1) (c). This policy will be brought to the next Policy Advisory Group for discussion and finalisation. The reivew of this policy provides clarity and direction to further specific documents that are covered in 26. (1) (c) , (i) (ii) (iii) and (iv).	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person in Charge has now implemented a protocol for the administration of the use of a required medication for one resident. This was completed on 15th September 2021. This will provide guidance on the administration of the medication and the indications for use as per regulation 29.	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Person in Charge is developing a comprehensive care plan that will guide staff to the various dimensions of the residents' health issues. This will support staff to access the relevant information in a timely manner. This will be completed by 29th September2021.</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 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Substantially Compliant	Yellow	30/10/2021
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents,	Substantially Compliant	Yellow	30/10/2021

	visitors or staff.			
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Substantially Compliant	Yellow	30/10/2021
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: self-harm.	Substantially Compliant	Yellow	30/10/2021
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom	Substantially Compliant	Yellow	15/09/2021

	it is prescribed and to no other resident.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	29/09/2021