



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

Issued by the Chief Inspector

Name of designated centre:	Palace Fields Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	01 June 2021
Centre ID:	OSV-0004062
Fieldwork ID:	MON-0032931

About the designated centre

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

Palace Fields Services is a centre operated by Ability West. The centre can cater for the needs of up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey house located on the outskirts of a town in Co. Galway, centrally located within walking distance of the town centre where a range of amenities are available. Residents have their own bedroom, some en-suite facilities, shared bathrooms, kitchen and dining area, sitting room, conservatory, staff office and utility. A large garden area is also available for residents to use at the rear of the centre. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
Tuesday 1 June 2021	09:40hrs to 12:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a centre that very much respected residents' individuality, preferences and wishes. Much effort was made by the provider, person in charge and staff to ensure these residents led very meaningful lifestyles.

The purpose of this inspection was to monitor compliance against the regulations. Due to current public health safety guidelines, the inspector only visited the centre briefly to meet with staff and residents and the remainder of the inspection was conducted in conjunction with the person in charge in nearby offices.

This centre comprised of one two-storey building located on the outskirts of a town in Co.Galway. The house provided residents with their own bedroom, some en-suite facilities, shared bathroom, kitchen and dining area, conservatory, staff office, utility and conservatory. A large and well-maintained garden was also available to residents, with ample seating and recreational space available to them to use as they wished. Overall, the centre was found to be very clean, well-maintained and had a lovely homely feel to it.

The inspector had the opportunity to meet with three residents who lived at this centre. Two residents had already left for their day services by the time the inspector arrived to the centre. However, two of the remaining residents invited the inspector to see their bedrooms. One resident, told of her love for knitting, GAA and going out for tea and cake. She was planning to go to Galway city later that day with staff and she also planned to do some baking that evening also. Her bedroom was very personalised with pieces of interest to her, including multiple framed photographs of family and friends. The other resident's bedroom that was also visited by the inspector was found to be tastefully decorated and also had many photographs displayed throughout, which the resident was happy to show off. These residents were currently availing of their day service in the comfort of their home and as the inspector was leaving the centre, they were helping staff with laundry duties before their day service commenced.

Prior to the introduction of public health safety guidelines, the person in charge told the inspector that these residents led very active lifestyles. Since then, much effort was made by staff to come up with alternative activities that residents could engage in, including, knitting, sowing vegetables, using hand-held electronic devices, use of digital photo frames, baking, going out for take-away coffee and tea and doing household chores in the evenings. During this time, staff supported residents to remain in regular contact with their family and friends and facilitated residents to make video calls to them, as they wished.

The adequacy of this centre's staffing arrangement had a positive impact on the social care needs of residents. In recent months, additional staffing resources were allocated to the centre during the week and also at weekends. This meant that more staff were available to support residents to engage in activities of interest to them

and the person in charge told the inspector that this had a positive impact for all residents, particularly those with behaviour support needs.

In the main, this was a centre that was operated very much in line with the assessed needs and preferences of residents.

Capacity and capability

Overall, this was found to be a well-run centre that ensured residents received a good quality and safe service. For the most part, the provider was found to be in compliance with many of the regulations inspected against as part of this inspection. However, some minor improvements were identified to aspects of risk management and fire safety.

The person in charge held the overall responsibility for this centre and she was supported in her role by her staff team and line manager. She was regularly present at the centre to meet with residents and staff and she had good knowledge of residents' needs and of the operational needs of the service delivered to them. She was responsible for another centre operated by this provider and current support arrangements gave her the capacity to also effectively manage this service.

This centre's staffing arrangement was subject to regular review, resulting in residents always being supported by a suitable number and skill-mix of staff. In recent months, additional staffing resources were allocated to this centre, which had a positive impact on the social care needs of residents as more staff were available to support residents to access their local community. Arrangements were also in place, should this centre required further staffing resources. Many of the staff working at this centre had supported these residents for a number of years, which meant residents were always cared for by staff who knew them and their needs very well. The inspector met with some staff who were on duty on the day of inspection and they spoke very confidently with the inspector about the specific supports that residents required, particularly in areas such as mobility, health care and communication.

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge met regularly with her staff team to review and discuss resident related care matters. She also held regular contact with her line manager, meaning operational issues were also regularly reviewed. Effective monitoring systems were also in place in this centre, ensuring that the quality and safety of care was subject to regular monitoring. The most recent six monthly provider-led audit was completed a few days prior to this inspection and the person in charge was awaiting receipt of this report and action plan so that any areas identified for improvement could be addressed.

The centre's statement of purpose was available at the centre and it included all information as required by Schedule 1 of the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had satisfactorily submitted an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and she was regularly present there to meet with staff and residents. She held strong knowledge of residents' needs and of the operational needs of the service delivered to them. She was responsible for another centre operated by this provider and current support arrangements gave her the capacity to also manage this service.

Judgment: Compliant

Regulation 15: Staffing

The centre's staffing arrangement was subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to meet the needs of residents. Arrangements were also in place, should this centre require additional staffing resources.

Judgment: Compliant

Regulation 16: Training and staff development

Effective training arrangements were in place, ensuring staff had access to the training they required to do their role. Furthermore, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of staffing, equipment and transport. The person in charge held regular meetings with her staff team, which allowed for resident related care issues to be discussed. She also had regular contact with her line manager. Six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, the provider put time bound action plans in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre, which included all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall, this was a centre that very much respected and promoted residents' rights, individuality and personal preferences.

This centre comprised of one two-storey building located on the outskirts of a town in Co.Galway. The house provided residents with their own bedroom, some en-suite facilities, shared bathroom, kitchen and dining area, conservatory, utility and conservatory. A large and well-maintained garden was also available to residents with ample seating and recreational space available to them to use as they wished. Some residents invited the inspector to view their bedroom and these rooms were observed to be very personalised to the interests of these residents. Overall, the centre was found to be very clean, well-maintained and had a lovely homely feel to it.

Effective systems were in place to ensure residents' needs were regularly re-assessed and that comprehensive personal plans were put in place to guide staff on their role in supporting these residents. Similar systems were in place to support residents with assessed health care needs. For example, in response to the mobility needs of one resident, the provider had ensured up-to-date risk assessments, personal plans and the required equipment was in place to support this resident.

Furthermore, staff who met with the inspector spoke confidently about how they now support this resident with their changing needs in this area of their care.

The provider had effective systems in place for the identification, assessment, response and monitoring of risk at this centre. The effectiveness of measures put in place in response to specific risks were also subject to regular monitoring by the person in charge. However, the inspector did identify where minor improvement was required to the overall assessment of risk at the centre. For example, in many of the risk assessments reviewed as part of this inspection, additional clarity was required to ensure these adequately guided on the specific risk that the provider was mitigating against. In addition, further review was required to ensure specific measures put in place by the provider in response to these risks were clearly identified on these risk assessments. For instance, in response to the mobility needs of one resident, additional support measures for staff were put in place by the provider, should this resident require support at night. However, these measures were not identified on the associated risk assessment.

The provider had fire safety systems in place, including, fire detection and containment systems, emergency lighting and regular fire safety checks were conducted by staff. There were multiple fire exits available within the centre and in response to the increased mobility needs of one resident, a fire exit was made available in their bedroom to aid their timely evacuation. Fire drills were conducted on a scheduled basis and records demonstrated that staff were able to support residents to safely evacuate the centre. One staff member who spoke with the inspector was very clear on their role in supporting residents to evacuate, particularly at night where minimal staffing levels were in place. Although there was a fire procedure available at the centre, it required review to ensure it gave additional clarity to staff on what to do in the event of fire at the centre and bring residents to a safe location. Residents' personal evacuation plans also required further review to ensure these gave adequate guidance on the level of support residents may require, particularly those with mobility needs.

Where residents required behavioural support, the provider had robust systems in place to ensure these residents received the care and support they required. For one resident, who previously experienced frequent behavioural related incidents, their needs in this area were subject to regular multi-disciplinary review. A clear behaviour support plan was also in place for this resident which clearly identified the behaviours they exhibited and the reactive and proactive strategies to be implemented by staff. There were some restrictions in use at the time of this inspection and the provider had ensured that these were also subject to regular review, ensuring the least restrictive practice was at all times used.

Procedures were in place to guide staff on the identification, response and monitoring of any concerns relating to the safety and welfare of residents. In response to previous safeguarding related incidents which had occurred at this centre, the provider implemented a number of measures to ensure residents were safeguarded from similar incidents re-occurring. The person in charge told the

inspector that the effectiveness of these measures resulted in no incidents of this nature occurring since January 2021.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured these residents had the care and support they required to communicate their wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of risk at this centre. However, minor improvement was required to the assessment of risk, to ensure risk assessments clearly identified the risk requiring mitigation and the specific controls that the provider had put in place in response to this risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put a number of measures in place to ensure the safety and welfare of all residents and staff. Social distancing, hand hygiene and use of PPE was regularly practiced at the centre. Contingency plans were in place, should an outbreak of infection occur at this centre and these plans were subject to regular review.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting, fire safety checks and multiple fire exits were also available throughout the centre. Fire drills were occurring on regular basis and records demonstrated that staff could effectively support residents to evacuate in a timely manner. Although there was a fire procedure available at the

centre, it required review to ensure it gave additional clarity to staff on what to do in the event of fire at the centre. Residents' personal evacuation plans also required further review to ensure these gave adequate guidance on the level of support residents may require, particularly those with mobility needs.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Effective systems were in place to ensure residents' needs were subject to regular re-assessment and that personal plans were then put in place to guide staff on how best to support residents with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents received the care and support that they required. All residents had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, systems were in place to ensure they received the support that they required. Comprehensive behaviour support plans were in place to guide staff on how best to support these residents and these plans were subject to regular multi-disciplinary review. Where restrictive practices were in use, these were also subject to regular review to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure staff were supported in the identification, response and monitoring of any concerns relating to the safety and

welfare of residents. Staff also received re-fresher training in safeguarding, as and when required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were very much promoted at this centre, with resident being supported to be as involved as possible in the running of their home.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Palace Fields Services OSV-0004062

Inspection ID: MON-0032931

Date of inspection: 01/06/2021

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
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Person in Charge will carry out a review of individual Risk Assessments and Centre Risk Assessments to ensure clarity is provided on risks being mitigated against. This review and any necessary amendments will be completed by 30 June 21</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Person in Charge has carried out a review of the Centre Emergency Evacuation Plan and the individual Personal Emergency Evacuation Plans in the Service. These reviews ensure that adequate guidance is given in terms of supports required, particularly for any resident with mobility needs.</p> <p>The procedures to be followed in the event of fire are displayed in a prominent place in the office and are readily available in the fire safety box also.</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(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	30/06/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	10/06/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a	Substantially Compliant	Yellow	10/06/2021

	prominent place and/or are readily available as appropriate in the designated centre.			
--	---	--	--	--