



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

Issued by the Chief Inspector

Name of designated centre:	Avalon Respite Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	10 May 2022
Centre ID:	OSV-0004070
Fieldwork ID:	MON-0036439

About the designated centre

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

Avalon Respite Services is a designated centre operated by Ability West, which can cater for the needs of up to eleven male and female residents, who are over the age of 18 years with an intellectual disability. The centre comprises of two buildings, which are located within a few kilometres from each other on the outskirts of Galway city, close to local transport and amenities. One building provides respite care for up to eight residents, and each resident has their own bedroom and shared access to bathrooms, sitting rooms, a sensory room, kitchen and dining areas, a staff office and laundry facilities. A well-maintained garden is also available to residents to use as they wish. The primary function of the second building is to provide infection control isolation accommodation for up to three residents, should they become at risk of infection. 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 (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 10 May 2022	10:40hrs to 13:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was facilitated by the person in charge, who had good knowledge of the residents' needs. A staff member was also present for part of the day and they also spoke confidently about aspects of the care and support that staff provided to residents during their respite stay. Although there were no residents present at the centre, in preparation for this announced inspection, some had completed a satisfaction questionnaire. These were made available to the inspector, which identified residents' high level of satisfaction with the service they received in areas such as staffing, food and nutrition, social care and with the overall premises.

Upon the inspector's arrival to the centre, they were greeted by the person in charge and given a walk around of the building. This designated centre comprised of two buildings, which were located within a few kilometres of each other on the outskirts of Galway city. One building provided respite care for up to eight residents, and here each resident had their own bedroom, some en-suite facilities and shared access to bathrooms, kitchen and dining areas, a laundry room, sitting rooms, a sensory room and staff office. A garden to the rear, provided residents with well-maintained grounds and seating, to use as they wished. The second floor of this building was designed in an apartment style, which allowed for two residents to live independent of each other, during their respite stay. This building was spacious, clean, comfortably furnished and had many homely features to it. For instance, communal rooms were tastefully decorated and photographs of residents who availed of this service were proudly displayed in main hallways. In response to the communication needs of some residents, visual staff rosters were displayed in the main dining area and an information board provided residents with information regarding advocacy services and various sign language. The primary function of the second building was to provide up to three residents with infection control isolation, should it be required. This building was not occupied at the time of this inspection and was not visited by the inspector.

The person in charge told the inspector that the residents who availed of this service, led very active lifestyles, with many availing of day services during the day and upon their return to this centre in the evening time, liked to access local amenities. For instance, some residents liked to go for walks on a nearby seafront walkway, while others liked to go to local shops to buy treats. The staff member who met with the inspector, spoke of the importance of ensuring these residents had the staff support that they were assessed as requiring to do so. For example, some residents required two-to-one staff support to access such amenities and sufficient staff resources were allocated, to ensure these residents had this level of staff support available to them during their respite stay. The continuity of care was paramount to the type of service that this provider strived to have in place for these residents. Many of the staff working in this centre had done so for a number of years and were very familiar with the residents who availed of respite care. This had a positive impact for these residents as it meant they were at all times supported by

staff who were familiar to them.

In recent months, in response to the current staffing resources available to this centre, the provider had made the decision to operate this centre at a reduced bed capacity. Currently, this centre was providing respite care for a maximum of six residents per night. The person in charge spoke at length with the inspector about this arrangement and said that it was working well and had not had a negative impact on the quality and safety of service that residents received during their respite stay. Currently, the provider was in the process of recruiting additional staff for this centre and until such a time as these resources were secured, the provider was planning to continue to review the service delivery in accordance with the staffing levels available.

The findings of this inspection will be discussed in the next two sections of this report.

Capacity and capability

This was an unannounced inspection to assess the provider's overall compliance with the regulations. Overall, this was a well-managed and well-run service that ensured residents received a good and safe quality of service. Although the provider was found to be in compliance with many of the regulations inspected against, some minor improvements were required to aspects of risk management, medication management and health care.

The person in charge held a full-time role and was regularly present at the centre to meet with residents and staff. He was supported in the running and management of this service by his staff team and line manager. He was very knowledgeable of each resident's assessed needs and of the operational needs of the service delivered to them, and had the capacity to ensure the centre was effectively managed.

In the months prior to this inspection, due to staffing resources, the provider made the decision to operate this service at a reduced bed capacity of six residents per night. Due to the nature of this respite service, the person in charge maintained the centre's staffing levels under regular review, to ensure that where residents required a specific level of staff support, that a suitable number of staff was rostered to support these residents during their respite stay. Recruitment of additional staff was in progress at the time of this inspection and the person in charge told the inspector that once additional staffing resources was secured, it was the intention of the provider to review the overall service delivery. In the interim, where relief staff were required, the provider had ensured these staff were very familiar with the centre and with the residents who availed of its service. The person in charge also spoke of how a thorough induction with all new staff members would be completed, to ensure these staff were supported to get to know these residents, prior to working directly with them.

To ensure residents' care and welfare was regularly discussed and reviewed, the person in charge held regular meetings with his staff team. In addition to attending regular management team meetings, he also maintained frequent contact with his line manager to review operational related matters relating to this centre. Effective monitoring systems were in place to ensure clear oversight of the quality and safety of care delivered to residents. For example, six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these. Due to the nature of this respite service, the resources available were subject to regular review to ensure this centre was adequately resourced to deliver care and support to residents in accordance with the statement of purpose.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection, the provider was in the process of preparing an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was responsible for the overall running of this centre and held a full-time position. He was regularly present to meet with residents and with his staff team. He had very good knowledge of the residents' needs and of the operational needs of the service delivered to them. He was responsible for the running of another centre operated by this provider and current governance and management arrangements gave him the capacity to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

Due to the nature of this respite service, staffing arrangements were subject to regular review. For example, in response to current staffing resources, the provider was continually reviewing residents' assessed needs to ensure a sufficient number and skill-mix of staff were at all times on duty to meet the needs of the residents availing of this service. Consistency of staff was promoted, with many staff having worked in this centre for a number of years, which had a positive impact for residents and it ensured they were at all times cared for and supported by staff who

knew them and their needs very well.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured each staff member had access to the training that they required appropriate to their role. The oversight of re-fresher training was carried out by the person in charge and additional training was scheduled for staff, as and when required.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the centre was adequately resourced in terms of equipment, transport and staffing. Six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these. Effective internal communication systems were in place, ensuring all staff were afforded an opportunity to discuss resident related care issues. The person in charge also maintained regular contact with his line manager to review operational related matters.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in the centre and it contained all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a robust incident reporting system in place and all incidents were reviewed and trended on a regular basis. The person in charge had also ensured that all incidents were notified to the Chief Inspector of Social Services,

as required by the regulations.

Judgment: Compliant

Quality and safety

This centre was operated in a manner that provided residents with an individualised service and all efforts were made to ensure residents received the care and support that they required.

Robust systems were in place to ensure residents' needs were re-assessed, as and when required, and that clear personal plans were in place to guide staff on the specific supports that residents required. Social care was an important aspect of the service delivered to these residents and they were supported to get out and about in their local community as much as possible. To support this, the provider had ensured that residents' preferences, wishes and assessed level of staff support were sought and that adequate arrangements for this were put in place. Where residents had assessed health care needs, the provider had ensured that they had access to the care and support that they required. Staff were very responsive to this aspect of residents' care and where recent changes had occurred to some residents' health care status, the provider had appropriate guidance in place for staff with regards to this. However, some improvement was required in relation to the guidance available to staff, where emergency medicines may be required to be administered. For example, for one resident who had neurological care needs, although there was a personal plan in place to guide staff should they require emergency medicines, a review of this personal plan was required to ensure it gave better clarity to staff on the specific response required to warrant this care intervention.

The provider had effective fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting and all staff had up-to-date training in fire safety. Multiple fire exits were available throughout the centre, including, two further fire exits to those residing in upstairs accommodation. Due to the nature of this respite service, a schedule was in place to ensure each resident who availed of this service, was involved in at least one fire drill each year. Fire drills were regularly occurring and records demonstrated that staff could support each resident to safely evacuate the centre. Each resident had a personal evacuation plan, which clearly outlined the specific support they required to evacuate. For some residents with specific communication needs, ear defenders were available to these residents, should they wish to use these, where the fire alarm sounded. As staffing levels were subject to regular review, where a waking staff member was required to support residents to evacuate at night, the person in charge had considered this as part of the overall rostering of staff for the centre.

Where residents wished to take responsibility for their medicines, the provider had ensured they were supported to safely do so. For example, suitable storage

arrangements were made available to them, capacity assessments were regularly reviewed and appropriate staff support and supervision was put in place. Although prescribing records reviewed by the inspector were found to be well-maintained, the prescribing of some emergency medicines required review to ensure the max dose to be administered by staff was clearly identified by the prescribing practitioner.

The timely identification of risk was largely attributed to the regular presence of the person in charge at the centre, the provider's incident reporting system and discussions with staff at team meetings. Where risk was identified, it was appropriately responded to and monitored for re-occurrence. Incidents were regularly reviewed and where trends were identified, this informed any further risk management activities required by the provider. Although the provider was responding well to risk in this centre, some improvement was required to aspects of risk assessment. For example, even though risk was well-managed, some risk ratings on supporting risk assessments didn't reflect this. In addition to this, where the provider had implemented specific measures in response to risk, these were not always clearly described on associated risk assessments. Where residents were identified at risk of absconsion, the provider had put effective measures in place, which to date, had resulted in no recent occurrence of such incidents. Although there were risk assessments in place to ensure this risk was subject to continuous monitoring, there was no protocol in place to guide staff on the specific response required by them, should a resident abscond from the centre or while out in the community.

Although this inspection did identify where some improvements were required, overall, the inspector found the provider had many good areas of practice in place which had a positive impact on promoting residents' safety and welfare.

Regulation 17: Premises

The centre comprised of two buildings, located a few kilometres from each other on the outskirts of Galway city. One centre provided residents with their own bedroom and access to communal rooms, such as, sitting rooms, a sensory room, bathrooms, kitchen and dining areas and staff office. There was large garden to the rear of the centre for residents to use as they wished. The primary function of the second building was to provide isolation from infection, should residents require this. The centre was spacious, tastefully decorated, clean and comfortably furnished. It's overall design and layout provided residents with ample living space to spend recreational time with, or independent of, the company of their peers.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had robust systems in place to ensure risk was quickly identified, responded to and monitored. However, some improvement was required to aspects of risk assessment. For example, many of the risk assessments reviewed by the inspector as part of this inspection, required additional review to ensure the risk-ratings reflected the current management and oversight of risks in this centre. For instance, where the provider had effectively responded to risks relating to residents' safety and welfare, some risk ratings did not reflect this. Furthermore, where the provider had implemented specific measures in response to risk, these were not always clearly described on supporting risk assessments. Although the provider had effectively monitored risks relating to absconsion, some improvement was required to ensure that should a resident abscond, that staff were guided by a protocol as to how to respond to such as incident.

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 staff and residents. Regular temperature checking, appropriate use of PPE and good hand hygiene was regularly practiced. Should this centre be at risk of an outbreak of infection or experience reduced staffing levels on foot of an outbreak, the provider had contingency plans in place to guide staff on what to do.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had effective fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting, clear fire exits and all staff had up-to-date training in fire safety. Regular fire drills were occurring and records of these demonstrated that staff could support residents to safely evacuate the centre. Each resident had a personal evacuation plan, which clearly guided on the level of staff support they required to evacuate. Although there was a fire procedure in place, it required minor review to ensure it accurately reflected the response required by staff, in the event of a fire. This was brought to the attention of the person in charge, who was in the process of rectifying this by close of the inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Where residents wished to take responsibility for their medicines, the provider had ensured they were supported to safely do so. Capacity assessments were completed and control measures were put in place to ensure residents were provided with the resources, support and supervision to take responsibility for this aspect of their care.

As part of this inspection, the inspector reviewed prescribing records relating to emergency medicines. Although these records were legible and well-maintained, the prescribing of emergency medicines required review to ensure the max dose to be administered by staff was clearly identified by the prescribing practitioner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured residents' needs were assessed for on a regular basis and that personal plans were put in place to guide staff on the specific support that residents required. The assessment of residents' needs gave due consideration to residents' personal, social and personal needs. Of the assessments and personal plans reviewed by the inspector, these were found to be reviewed on a minimum annual basis and gave good guidance to staff on various aspects of residents' care needs. Where possible, residents were involved in the personal planning of their care. Due to the nature of this respite service, staff maintained regular contact with residents' representatives and where changes to residents' care occurred in between respite stays, this was communicated to the provider.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that residents received the care and support they required. Residents also had access to a wide variety of allied health care professionals, as and when required. Over the course of this inspection, the inspector observed examples of good practice with regards to this aspect of residents' care. For example, for one resident who required specific monitoring following a recent change to their health status, clear guidance was provided to staff on the observational assessment to be routinely carried out each day and also with regards to what they were to do, should they become concerned for the welfare of this resident.

However, although personal plans were in place for the administration of emergency

medicines, these required further review to ensure they gave clarity on the response required by staff, should this care intervention be required. For example, for one resident, their personal plan identified where a second administration of emergency medicine may be required; however, the personal plan was unclear as to what observations would need to be made by staff to warrant this.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured that suitable arrangements were in place to support them with this aspect of their care. Staff were supported in the review of residents' behavioural support interventions by a multi-disciplinary team and such reviews were scheduled on a minimum annual basis. Clear behaviour support plans were in place to guide staff on the reactive and proactive strategies that residents responded well to. Where behavioural related incidents occurred, these were promptly reported and reviewed, as and when required.

There were some environmental restrictions in place in this centre and these were subject to regular multi-disciplinary review to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured clear systems were in place to guide staff on the identification, reporting, response and monitoring of any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding. It's important to note that there were no active safeguarding concerns in this centre at the time of this inspection.

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 (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
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Avalon Respite Services OSV-0004070

Inspection ID: MON-0036439

Date of inspection: 10/05/2022

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: A review of all risk assessments shall be conducted within the centre to ascertain the correct risk rating and to ensure all specific measures are recorded in the current controls. There is a schedule in place which has commenced and will be completed by 30 June 2022. A protocol for absconding has been developed by staff, with input from family and the Behavioural team, to guide staff in the event of such an incident occurring.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Medication Record sheets (MARs) have been reviewed and the maximum dose is now recorded upon them in order to guide staff.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The healthcare plans, outlining what staff should do in the event of seizure activity, have been reviewed, with particular emphasis on the signs and symptoms to be mindful of, following the first administration of emergency medication, and what should dictate the decision to administer a second dose.	

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	30/06/2022
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	Substantially Compliant	Yellow	20/05/2022

	resident for whom 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	30/05/2022