

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0004072
Centre county:	Galway
Email address:	Breda.Crehan-Roche@abilitywest.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 August 2014 10:00 To: 05 August 2014 20:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of this centre, which currently comprises of two residential units located some distance apart, each with a similar focus of care and a person in charge in each unit.

Most residents living in both residential units had particular health care needs requiring speech and language therapy and nutritional support. Residents needing medical care with timely access to their general practitioner (GP) and out of hours GP services if required. They also had good access to allied health professionals including, physiotherapy, occupational therapy, behaviour support and psychiatry.

Meal times were pleasant occasions in both residential units and modified meals were well presented. Residents were provided with adaptive cutlery and plates to promote independence and the meals were served warm and smelt appetising.

The inspector noted that residents had received comprehensive assessment, intervention and recommendations from speech and language therapy. Some residents requiring dietician intervention had accessed this service through the public health system. Residents that required more urgent reviews were supported to access private dietetic services which the residents paid for.

Staff required more training in the implementation of some of the nutrition policy

procedures. This was in relation to assessment of Body Mass Index (BMI), implementation of nutritional risk assessments and the steps for staff to take should a resident be identified at nutritional risk.

Some restraint interventions had not been adequately risk assessed, for example, the use of bed rails. Also, lap belts that were not specifically used for seating requirements, needed risk assessment to ensure they were used safely and risks associated with them reduced through documented risk reduction measures.

One of the residential units did not have fire doors throughout. The provider outlined a detailed breakdown of works that were intended to be carried out in this residential unit to achieve greater fire compliance with the fitting of 13 fire doors and more works to ensure fire compliance for the attic in the unit.

Overall the inspector found good practice in all outcomes, however, some non compliance was found in Outcome 7, relating to fire safety in both residential units of the centre. Outcome 8; in relation to risk assessment of restraint used and Outcome 11; relating to Health and Nutrition. These are further discussed in the body of the report with associated actions and provider's response in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Each resident's wellbeing and welfare was maintained to a good standard of care and support. Residents had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences, for example, residents had the opportunity to visit family and friends, attend family gatherings, holidays and excursions to local sites of interest.

Residents and their representative/family were actively involved in a person centred assessment to identify their individual needs and choices. The arrangements to meet each resident's assessed needs were set out in a personal plan that reflected his/her needs, interests and capabilities.

Personal plans were drawn up with participation of each resident using a person centre planning process. 'Circle of support' meetings with associated action plans, goals and time lines were also documented. There was evidence that assessments of residents needs utilised multi-disciplinary input such as speech and language therapy, psychology, physiotherapy and occupational therapy.

Residents had written personal plans. These plans were implemented and led to improved personal outcomes for residents. Residents and their family members were consulted and involved in the review process. The person in charge in one residential unit demonstrated to the inspector an electronic assisted communication device that was intended to be trialled in the near future. The intention of which, was to ensure residents with communication support needs had their personal plans in an accessible format.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There were organisational policies and procedures relating to health and safety and the health and safety statement was up to date. There was also a risk management policy in place that covered the identification and management of risks. A risk register was in use in the centre indicating risks had been identified, assessed and their documented management.

Procedures in the centre for control of infection were satisfactory, for example, colour coded mops and buckets were in use in the centre and designated to service specific rooms, for example, red for bathrooms, yellow for the kitchen and blue for general living rooms. Hand gels and hand washing signage was ample throughout both units. However, the inspector noted that cleaning regimens for equipment used to administer inhaled medications, for example, nebulisers, was not documented. Protocols for how to appropriately clean this equipment were not in place.

The person in charge of the residential unit drafted a cleaning and documentation procedure for the machine and equipment pieces used in the administration of inhaled medications, such as nebulisers. This was completed during the course of the inspection and was reviewed by the inspector. This procedure would ensure better infection control and prevention was in place.

A sample of staff training records were reviewed and these indicated staff had received manual handling training with refresher training also. The inspector observed manual handling techniques implemented during the inspection. Residents were assisted to mobilise safely with appropriate prescribed assistance and use of aids and appliances.

The inspector noted that fire extinguishers and fire blankets were available in both residential units. Records indicated that servicing had occurred 06 June 2014. Break glass units and fire compliant break glass key holders were situated at fire exits and they have been part of a servicing review in April 2014. Fire alarm panels had been serviced in May 2014.

Fire exits in both residential units were unobstructed and emergency lighting was in use in both units. Individual emergency evacuation plans were in place for residents, which documented each individual's needs in relation to safe evacuation of the centre.

Flash cards and other assistive devices were used as a communication system to indicate to residents they must evacuate the centre in the event of a fire. These were regularly used in fire drills as part of good fire safety management.

Fire drills enacted fire escape through the front door and also through a compartmentalisation system should the fire break out on the stairs or upstairs of the house. However, in one of the residential units, where compartmentalisation was utilised, the doors throughout were not fire doors and the designated room for fire compartmentalising was not fitted with a fire door either. This reduced the effectiveness of the compartmentalising system in the unit.

During the feedback session at the close of the inspection, the inspector was shown a cost breakdown of works intended for the residential unit to ensure it met with adequate fire compliance. These works included replacing the old doors with new fire doors. Architraves and frames would also be replaced and other works intended to improve fire compliance for the attic in the centre. This work was scheduled to take place in the weeks after the inspection.

There was some improvement still needed in relation to fire escape and use of keys for doors. Some doors in both residential units had a 'thumb lock' system in place, others did not. This was a measure put in place to make fire evacuation through these doors easier. Use of 'thumb locks' on fire exit doors meant staff/residents did not have to locate or use keys during fire drills or if an actual fire occurred. Doors that did not have a 'thumb lock' system in place, and required a key, did not always have a spare key contained in a fire compliant container nearby to ensure in the event of a fire a key was always available.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The organisation had policies and procedures in place for the prevention, detection and

response of staff to suspected or alleged abuse. Overall the inspector found that residents were safeguarded and protected against abuse. The organisation had robust policies and procedures in relation to safeguarding residents from abuse. Policies to protect residents included responding to behaviour that is challenging, restrictive practices and restraint for health and safety and client protection of children and adults. There was also a policy and associated procedures in relation to administration of service user's personal finance.

Allegations of abuse were responded to promptly and investigations were robust and in line with the organisational policy and best practice. An allegation of abuse was in progress at the time of inspection and had been notified to the Chief Inspector within the specified time frame an interim follow up report had been notified to the Chief Inspector with a finalised outcome due. The inspector found that measures to safeguard residents were robust and enacted within the organisation's policy and procedures.

Residents that displayed behaviour that is challenging had been referred to a behaviour support specialist. A resident had recently received a behaviour support plan with an associated referral to occupational therapy for further review in order to enhance strategies to assist the resident. Staff had received training in crisis prevention and management of behaviour that is challenging.

Restrictive practices were reviewed by a Human Rights Committee with an independent person nominated to chair the meetings. This was to ensure safeguarding of residents was in place in relation to restrictive practices.

Improvements were necessary in relation to the implementation of risk assessments for the use of some restraint used. Bed rails were in use in both residential units, the inspector reviewed these in one of the residential units. The person in charge had made referrals to both the Human Rights Committee and physiotherapist in relation to use of bed rails, however an interim risk assessment had not been completed to ensure the use of bed rails were a safe option for residents until referrals were addressed, which could take a lengthy period of time. Alternatives to bed rails had not yet been tried such as low-low beds or crash and sensor mats. Lap straps, used in the management of a resident's behaviours that are challenging, had also not been adequately risk assessed with associated control measures in place to ensure their safe usage.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Resident's individual health needs were assessed and the care provided met their assessed needs, some residents had received dietetic review through private appointments. Residents had access to GP services and there was evidence to show appropriate treatment and therapies were in place to address their health issues.

Residents had also received assessment and intervention recommendations to meet their needs from physiotherapy, occupational therapy and behaviour support, for example. The inspector observed residents mobilising using assistive equipment in one residential unit as per their physiotherapy recommendations. Residents had access to specialised seating to meet their individual needs.

Across both residential units residents required modified consistency foods and drinks to meet their individualised needs. There was evidence to indicate that residents had been referred for speech and language therapy and the inspector noted residents had received a comprehensive assessment with clear individualised recommendations. For example, residents had prescribed modified consistency meals and fluids from their speech and language therapist.

There was ample space for food preparation and storage of fresh and frozen produce in both residential units. Cupboards had plentiful condiments, grains, pulses and cereals to ensure food was wholesome and nutritious. Colour coded chopping boards were in use to ensure raw meat and fresh vegetables were not chopped using the same board, for example, as a measure to reduce food contamination. Instructions were available to staff to indicate where foods should be stored in the fridge and how frozen goods were thawed.

The inspector observed mealtimes in both residential units, modified consistency meals were presented well, served warm, smelt appetising and staff interacted well with residents throughout allowing them time to enjoy their meal in an unhurried, dignified way, offering assistance as per recommendations from speech and language therapy.

Residents' weights were monitored and recorded. However, there was a lack of consistency across both residential units in relation to the implementation of the organisation's nutrition policy relating to assessing residents using a recognised nutrition risk assessment tool as outlined in the policy. Further improvements were necessary to the organisation's nutrition policy this is further outlined in outcome 18.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector found medication management met with good compliance. Written operational policies and procedures were in place for the safe storage, administration and transcribing of medications. One person in charge was a medication management training supervisor.

Medications were securely stored in locked storage units in both residential units. Medications requiring refrigeration were stored safely in a locked container within a fridge in both units if required, fridge temperatures were checked as required also. Original prescription records were kept in the centre and prescriptions were transcribed by staff to prescription administration charts which the inspector noted to be clearly written and accurately maintained.

Residents requiring crushed or modified consistency medications were prescribed such in liaison with resident's GP and pharmacist. Staff working in the centre had completed medication management training with evidence of refresher training in staff records. Some residents were prescribed medication as first response in the management of epileptic seizures. Staff had also received training in administration of this medication.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found both persons in charge to have qualifications and skills commensurate to their roles as persons in charge. One of the persons in charge was also a general trained nurse which met the needs and skills required to assess, implement and review health care strategies that were an identified need in the residential unit they were responsible for the person in charge had maintained an extensive CPD training record within the organisation with qualifications achieved from previous employment also.

The other person in charge, equally had qualifications to meet the needs of the residents in the centre they were responsible for. They demonstrated a willingness to engage and learn to improve the standard of care for residents in their centre. This was evidenced by their extensive record of CPD training within the organisation. During the course of the inspection, the person in charge demonstrated independent initiative in seeking information in relation to best practice guidelines for the correct maintenance and cleaning of equipment used for administering inhaled medications when they were not sure and infection control guidelines for the organisation were not clear.

Management structure for the designated centre was clearly defined with lines of authority and accountability set out.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Staff supervision and support meetings occurred at least three times a year with documented evidence maintained in their files on each residential unit. A person in charge outlined the process of supervision which began with staff and person in charge setting out an agenda for the supervision meeting to ensure meetings were effective and addressed items relevant for both the staff member and person in charge.

No volunteers worked in the designated centre at the time of inspection. Staffing

records indicated there were safe and robust recruitment measures in place. The inspector reviewed four staff files including both persons in charge staff files and found all files contained the requirements set out in schedule 2 of the regulations.

Staff working in the centre had received medication management, training in feeding residents with swallowing difficulties. They had training in the preparation of modified consistency meals and drinks, challenging behaviour management, fire safety, manual handling, non-violent crisis intervention training and client protection. Both persons in charge had received 'person in charge' training in July 2014.

A planned and actual roster was maintained in both residential units with staff roles identified on rosters indicating skill mix for each unit, the inspector reviewed rosters and found skill mix to be appropriate in the rosters reviewed, during the course of inspection the inspector noted there were sufficient staff to meet the needs of residents and provide adequate supervision.

However, improvement was required in relation to staff training in how to implement the organisation's nutrition policy, the completion of nutrition risk assessment tools, how to accurately measure resident's BMI and implement response measures should residents be assessed as nutritionally at risk.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Not all aspects of the outcome were reviewed on this inspection.

Revision of the organisation's nutrition policy was also necessary in order to give staff adequate guidance in relation to the steps to take should a resident's nutritional assessment indicate medium or major risk.

Judgment: Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ann-Marie O'Neill
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0004072
Date of Inspection:	05 August 2014
Date of response:	29 August 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Doors in one of the residential units were not fire safety compliant.

Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:

The contract for replacing the doors in this residential unit with fire safety compliant doors has been awarded to a contractor who has committed to complete the work by 12 September 2014.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: 12/09/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some exit doors in the centre required keys to open the door. There was not spare key in a fire compliant container maintained beside the door in the event of the key going missing.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:

All fire exits now have either an internal thumb lock system or a break glass fire compliant key box installed. This action has been completed.

Proposed Timescale: 29/08/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Restraint interventions had not been adequately risk assessed to ensure their safe use for residents and in line with National Policy.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

Risk assessments have been carried out on the use of a lap belt for one resident and in addition this restriction has been referred to the Human Rights Committee (HRC) for consideration.

Risk assessments and a review of other alternatives have been carried out for residents using high low beds with bed rails and referrals have been sent to the HRC for consideration. This action has been completed.

Proposed Timescale: 29/08/2014

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was no evidence of trail of alternatives for residents that used restraint.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:

Risk assessments and a review of other alternatives have been carried out for residents where restraints are used.

This action has been completed.

Proposed Timescale: 29/08/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was a lack of consistent across both residential units in relation to the implementation of the organisation's nutritional policies and procedures relating to assessment of nutritional risk.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

The organisation's nutrition policy and procedure is in place in both residential units and dietetic referrals/assessments, both private and public, continue to be utilised. All staff have read and signed off on this policy and procedure and it will again be discussed in detail at September staff meetings in each residential unit.

Proposed Timescale: 11/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Not all staff working in this designated centre had adequate knowledge of how to implement procedures identified in the nutrition policy, for example the accurate way to measure Body Mass Index (BMI), complete nutritional risk assessment tool and the procedures to be implemented in the event of a nutritional risk being identified.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

The nutrition policy and procedure details and provides guidance on how to:

- Measure Body Mass Index (BMI)
- Complete nutritional risk assessment tool (MUST), and
- How to respond in the event of a nutritional risk being identified.

All staff have read and signed off on this policy and procedure and it will again be discussed in detail at September staff meetings in each residential unit.

Proposed Timescale: 11/09/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Improvements were necessary to the policy for nutrition to ensure it guided staff in best practice procedures to be implemented if residents are assessed as nutritionally at risk.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

The organisation's nutrition policy and procedure will be reviewed in order to ensure that it adequately guides staff in best practice procedures to be implemented if residents are assessed as nutritionally at risk.

Proposed Timescale: 30/09/2014