

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0001485
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Ability West
<b>Provider Nominee:</b>	Breda Crehan-Roche
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	2

## 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, 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
04 May 2016 17:30	04 May 2016 20:45
13 May 2016 17:00	13 May 2016 20:00

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

Outcome 06: Safe and suitable premises
Outcome 13: Statement of Purpose
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection

This single-issue inspection was carried out in response to unsolicited information received by the Health Information and Quality Authority (HIQA) about premises and staffing levels in the centre.

The previous inspection was a registration inspection which took place on 15 September 2015 when a good level of compliance was found overall. The centre was registered with HIQA in December 2015.

How we gathered our evidence

As part of the inspection, the inspector met with residents, staff members, examined the premises and reviewed staff rosters and some personal planning documentation. The inspector met and interacted with six residents during the inspection.

Description of the service

There were two houses in this centre, one of which had recently been converted into two separate living units. The service is available to nine adult men and women with an intellectual disability.

Overall judgment of findings

The inspector found that the provider had not maintained systems to ensure that the regulations were being consistently met. This impacted on the quality of life and safety of residents in some cases, the details of which are described in the report.

The inspector found that a lack of effective governance and management systems had resulted in:

- an unsuitable premises which impacted on the comfort and rights of a resident (Outcome 6)
- a copy of the statement of purpose, revised to reflect changes in the service, not being supplied to the Chief Inspector (Outcome 13).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

**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, 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.**

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector found that parts of the physical layout and configuration of the centre were not suitable to meet the needs of residents.

Since the last inspection, one of the houses in the centre had been converted into two self-contained living units, each of which was allocated to accommodate one resident. The other house in the centre remained unchanged.

On the first day of this inspection, the inspector found that this restructuring had not been suitably completed before a resident had been transferred to the new accommodation. Aspects of the refurbishment works were still in progress. On the first day of inspection, the inspector found that the management team had arranged for a resident to be admitted to the converted part of the centre before the refurbishment had been completed. The walls had been prepared for painting but this work had not been completed. Decorative items had not been provided in the rooms to give the dwelling a personalised and homely feel. The enclosed garden was overgrown and required maintenance, but this was in progress on the second day of inspection.

The original kitchen was located in one of the units and a suitable kitchen had not been provided in the other unit. In the second unit, there was a communal area which was furnished as a combined sitting room and dining area. There was a sink, microwave oven, a small fridge and a storage press in an alcove in this room. Snacks could be assembled and heated in the microwave oven in this area, but main meals could not be cooked. All meals were cooked in the other house in the centre and delivered to these units daily at mealtimes. These catering facilities were not sufficient for the resident to prepare and cook food, and consequently this resident did not have the option of independently preparing meals at preferred times. There was evidence that the resident

enjoyed cooking and meal preparation.

In addition, the inspector also found, on the first day of inspection, that food storage facilities were unsuitable. While there was some food storage space in the combined sitting and dining room, there were additional dry goods and refrigerated storage in an outhouse adjacent to the building. This area was not readily accessible as it involved leaving the building, was in an unhygienic condition and did not constitute a suitable food store. On the second day of the inspection this arrangement had been discontinued.

During the previous inspection of this centre, the surfaces in one laundry room were not easily cleanable and the door was not close fitting, which presented a possibility of rodents or other pests entering the area. On this inspection in May 2016, the inspector found that works to address this had not started, even though the provider had indicated in her response to the last inspection report that this work would be completed by mid December 2015. The laundry was found to be in an extremely unhygienic condition. For example, surfaces were coated with dust and there were cobwebs throughout the room. The wall paint was defective and peeling, there was no floor covering and shelving was of a rough timber which was not readily cleanable. Upgrade work to the ceiling had begun, but had not been completed. The window was not openable and therefore there was no form of natural ventilation in this room. Some work had been undertaken to pest-proof the external door. The condition of this laundry room impacted on the comfort and safety of residents using it.

**Judgment:**  
Non Compliant - Major

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

A copy of an updated statement of purpose to reflect the recent changes to the service had not been supplied to the Chief Inspector as required by the regulations.

**Judgment:**  
Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

This outcome was not examined in full during this inspection, but was reviewed in respect of staffing levels.

Staff were present and available to support residents both in the centre and when they wanted to do things in the local community.

Staff numbers had been increased to support residents recently admitted to the centre. Staff who spoke with the inspector throughout the centre were familiar with the care needs of residents and were working well to familiarise themselves with the care needs of residents who had recently joined the centre. Training for staff had been organised to provide guidance on the specific care needs of all residents.

**Judgment:**

Compliant

**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:***

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0001485
Date of Inspection:	04 May 2016
Date of response:	01 July 2016

### 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, 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

Parts of the centre did not meet the needs of residents.

#### 1. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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



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

Since the inspection all maintenance works have been carried out and completed. A copy of the maintenance works spreadsheet is attached for information.

**Proposed Timescale:** 27/05/2016

**Theme:** Effective Services

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

The surfaces in the laundry room were of poor construction and were not readily cleanable.

**2. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The surface has been altered and is now cleanable. This area has also been painted.

**Proposed Timescale:** 27/05/2016

**Theme:** Effective Services

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

The laundry room was in an extremely unhygienic condition.

**3. Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Laundry room has been cleaned and painted.

**Proposed Timescale:** 27/05/2016

**Theme:** Effective Services

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

In one unit in the centre, there was no kitchen, or access to a separate kitchen area, with suitable and sufficient cooking facilities.

**4. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Work is ongoing in relation to building the two residents capacity to live together. Work has commenced on increasing the time both residents spend together. This work is being enhanced with the input of the multidisciplinary team and weekly targets are in place to ensure the goal of both residents having access to the kitchen is achieved.

**Proposed Timescale:** 31/07/2016

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The service was no longer in line with the description in the statement of purpose. A revised statement of purpose reflecting the changes had not been supplied to the Chief Inspector.

**5. Action Required:**

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

Statement of purpose updated, a copy of the updated Statement of Purpose is attached. As the service evolves the Statement of Purpose will be reviewed accordingly at a minimum of yearly as per regulations.

**Proposed Timescale:** 27/05/2016