

**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-0004063
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Lorraine Egan
Support inspector(s):	Ivan Cormican
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

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 1 day(s).

The inspection took place over the following dates and times

From: 18 May 2016 15:45 To: 18 May 2016 21:05

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This inspection was carried out to monitor compliance with specific outcomes. The previous inspection of this centre took place on 29 July 2015. As this inspection was carried out in response to information received and with a specific focus inspectors did not review the actions the provider had undertaken since the previous inspection. The provider's progress in implementing these actions will be reviewed at the next inspection of the centre.

How we gathered our evidence

As part of the inspection, inspectors met with two residents. Inspectors briefly met other residents as they left and returned from an outing. From the interaction observed between the two residents, as outlined in outcome 8, it was evident the residents were not happy living in the same centre. The lead inspector observed a resident in the presence of another resident and alone with staff. The resident frowned and looked upset when in the presence of another resident and appeared relaxed and was smiling when in the company of a staff member.

Inspectors also spoke with staff members, the person in charge and a person participating in the management of the centre. Inspectors observed practices and reviewed documentation such as a resident's support plans and incident/accident logs.

Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. As this inspection was carried out with a specific focus, inspectors did not ascertain if the service was being provided as is described in that document.

Overall judgment of our findings

The provider had not put adequate measures in place to safeguard residents. Inspectors found that following an admission to the centre, there had been a number of peer-to-peer assaults and attempted assaults. The failure of the provider to assess the needs of the resident who had moved to the centre, and to consult with residents and take residents views and assessed needs into consideration, had resulted in a resident sustaining abusive interactions on an ongoing basis. Although the provider had responded by providing additional staffing, the measures taken did not include appropriate action to address the incompatibility of residents on a medium and long term basis.

With the exception of the measures in place to support residents to communicate, inspectors were not satisfied that the provider had put systems in place to ensure that all the regulations were being adhered to. This resulted in poor experiences for residents, the details of which are described in the report.

Inspectors found that the lack of effective governance and management systems had resulted in:

- Residents' privacy and dignity not being adequately protected (in outcome 1)
- Residents were not consulted with about a new admission to the centre (in outcome 1)
- Assessment of a resident's needs was not carried out prior to admission to the centre (in outcome 5)
- There was inadequate communal space to meet the needs of residents (in outcome 1)
- Documentation was not in place to ensure all risk and emergencies could be responded to appropriately (in outcome 7)
- Peer-to-peer interactions were not recognized or responded to as abuse and there was no medium or long term plan to address the inadequacies of care which had resulted in this (in outcome 8)
- Training in supporting residents with specific assessed needs had not been provided for staff (in outcome 17)

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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Findings:

Inspectors did not inspect all aspects of this outcome.

There was no evidence that residents living in the centre had been consulted about a new resident moving into the centre. Although the person participating in management of the centre told inspectors that residents had been consulted through house meetings, records of these meetings did not support this view. Staff told inspectors residents were informed of the resident moving into the centre but were unaware if residents had been consulted in relation to this.

A resident was engaging in a behaviour which was compromising the privacy and dignity of the resident and the dignity of other residents. Although some measures had been implemented, inspectors found that the failure to assess the resident's needs prior to admission (as outlined in outcome 5), to provide training for staff on the resident's assessed needs (as outlined in outcome 17) and to provide adequate communal space for residents (as outlined in outcome 6) had resulted in a failure to adequately identify and respond to this behaviour and protect the privacy and dignity of all residents.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors did not inspect all aspects of this outcome.

Inspectors observed staff communicating with residents in line with their assessed needs as outlined in their communication profiles. This included using different communication aids to communicate with residents, for example, pictures were used to ascertain residents' preferences for evening activities and food choices.

Inspectors were informed that a 'total communication approach' was being utilised with residents living in the centre and with the resident who had been admitted to the centre in the weeks prior to the inspection. As part of this approach, residents were receiving assessments and support to communicate in different formats and staff were receiving training to ensure they could fully support residents in line with their communication needs.

The lead inspector noted that the provider had implemented systems to ensure communicating with residents was prioritised since the commencement of regulation of the centre.

Judgment:

Compliant

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

Findings:

Inspectors did not inspect all aspects of this outcome.

A comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of a resident had not been carried out prior to the resident's admission to the centre.

Inspectors were told the decision that the centre would meet the assessed needs of the resident was based on a transition plan which had been formulated by the service provider of the centre the resident lived in prior to their admission to this centre. The decision that this centre would meet the needs of the resident was identified on the document as based on four criteria - the capacity of the centre; the age of the residents living in the centre; geographical location; and staff training.

Although the plan identified skills building opportunities for the resident, and referenced how the centre was introduced to the resident, there was no reference to the resident's assessed needs or the resident's wishes in regard to where and with whom the resident would live.

The failure of the provider to ensure that the resident's needs were assessed had resulted in poor outcomes for the resident who had moved into the centre and for residents who were living in the centre. The poor outcomes are detailed in outcome 8.

Judgment:

Non Compliant - Major

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

Findings:

Inspectors did not inspect all aspects of this outcome.

The centre was comprised of one house located in a town. Inspectors found the layout of the centre and availability of communal space did not meet the needs of residents living in the centre.

The living room, dining room and kitchen were located in close proximity to each other. The living room and dining room were used as passageways between rooms and corridors to allow access to bedrooms and bathrooms. There was no communal space which could be used by residents who required a quiet space in line with their assessed needs.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

Findings:
Inspectors did not inspect all aspects of this outcome.

A fire drill had taken place in the weeks prior to the inspection. Records viewed showed that all residents had evacuated safely. No issues of concern were identified. The person in charge and person participating in management told inspectors a night time drill would be scheduled to ensure all residents could be safely evacuated at night.

Improvement was required to the documented procedures to ensure up-to-date guidance was provided for staff in the event an evacuation of the centre was necessary. The centre's evacuation plan and a resident's personal emergency evacuation plan had not been updated since the resident moved into the centre.

Risk assessments were in place to outline the identified risks and control measures in place. One risk was highlighted by staff regarding the transport arrangements for residents. Although a staff member clearly outlined to inspectors the procedure used; the risk and identified control measures had not been documented in residents' personal risk management plans. The person in charge responded immediately by commencing the documentation of this risk on the day of inspection.

Judgment:
Substantially Compliant

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

Findings:

Inspectors did not inspect all aspects of this outcome.

The provider had not put adequate arrangements in place to safeguard residents. Inspectors found there had been a significant number of peer-to-peer assaults in the centre. The provider had responded by ensuring additional staff were working in the centre. However, inspectors found that peer-to-peer assaults and intimidating behaviour continued to impact negatively on the lives of residents.

The incidents were not identified or investigated as abuse. Inspectors were concerned that the nature of the incidents, and cumulative impact, had not been recognized as abuse. This resulted in the abuse not being investigated in line with the centre's procedures or notified to HIQA as required by the regulations.

This significant concern was highlighted to the person in charge and the person participating in management at the meeting held at the end of the inspection. The person participating in management informed inspectors that a plan to ensure residents were safeguarded on a medium and long term basis would be implemented. The person participating in management said that some changes to the use of rooms would be trialled to ascertain if this would ensure residents were safeguarded.

A resident requiring support with behaviours that challenge had four behaviour support plans. It was not clear which was the most up-to-date plan and inspectors found that not all staff working with the resident were aware of the behaviour support guidelines for the resident. This was brought to the attention of the person in charge and person participating in management neither of whom were able to clarify which plan was the current plan used to support the resident to manage the behaviours that challenge.

Following the inspection the lead inspector requested and received written information from the provider nominee outlining the measures which were being implemented to ensure residents were safeguarded from the risk of abuse. The measures outlined included the provision of additional staffing, separate dining facilities, updating of a resident's behaviour support plan, the compilation and implementation of a safeguarding plan and the review of communal space in the centre.

Judgment:

Non Compliant - Major

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

Findings:

Inspectors did not inspect all aspects of this outcome.

Staff had not received the training required to adequately meet the needs of the residents living in the centre. Training in supporting residents with autism had not been provided for staff. Inspectors found that staff did not demonstrate adequate knowledge of the support requirements of residents with autism. This had the potential to negatively impact on the quality of life of residents living in the centre.

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:

Lorraine Egan
Inspector of Social Services
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-0004063
Date of Inspection:	18 May 2016
Date of response:	30 June 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents had not been consulted about the organisation of the designated centre in regard to the admission of a resident to the centre.

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

1. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

(a) Residents attended a specific house meeting for the purpose of ensuring that Service Users were supported in their understanding that a new person would be residing on a permanent basis. This meeting was documented and is kept in the designated centre. 16/06/2016

(b) Keyworkers will complete 1:1 session with each resident in the designated centre to ensure that all resident understand what was discussed at the house meeting.

08/07/2016

Proposed Timescale: 08/07/2016

Theme: Individualised Supports and Care

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

Residents' privacy and dignity was not respected in relation to a behaviour which was displayed by a resident.

2. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

(a) Protocols have been developed and implemented in the designated centre to address behaviours which compromise the privacy and dignity of all residents. These are reflected in support plans. 01/06/2016

(b) Behaviour support plans have been reviewed and updated. All staff have signed off on the new updated plans for use. The obsolete plans have been removed from the files. 18/05/2016

(c) Functional assessment is currently being completed in line with the Multidisciplinary prescribed support of the resident as reflected in her support plan. The duration of the assessment is determined by the complexity of the resident and is under supervision of Behaviour Support Manager. Anticipated completion date is 27/07/2016.

Proposed Timescale: 27/07/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

A comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of a resident had not been carried out prior to admission to the designated centre.

3. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

(a) The initial Multidisciplinary Team assessment has been entered onto the resident's file in the format of completed "Service Request Form". 19/05/2016

(b) A comprehensive assessment continues. The duration of the assessment is determined by the complexity of the resident and is under supervision of the Multidisciplinary Team. Anticipated expected completion date is 27/07/2016. The resident's person centred plan is currently active based on our knowledge of the person at this time, however, as assessment continues this will be updated accordingly and reviewed on a weekly basis.

(c) The Director of Client Services is addressing the deficit of pre admission assessment; a report is currently in process. 31/07/2016

Proposed Timescale: 31/07/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The centre did not have adequate communal space to meet the needs of residents.

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:

Specific purpose living accommodation to include living/dining area is being implemented in the designated centre.

The timeframe influenced by the actions required to secure access to the identified additional living space for the resident was as follows:

- Information sharing with families of people who had use of the room in question for short break stays.

- Reassignment and transition of respite service users.
- Information sharing with additional residents (reflected in Action 1)
- Reorganisation of furniture and fittings.

Please note: an interim plan which included adaptation of use of dining room, mealtimes and additional specifically assigned staff was in place from 19/05/2016 until completion on 01/07/2016.

Proposed Timescale: 01/07/2016

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:

The systems in place in the designated centre for the assessment, management and ongoing review of a risk relating to the transport of residents had not been documented.

5. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Risk assessment in relation to transport completed and individualised transport now in place for the resident.

Proposed Timescale: 18/05/2016

Theme: Effective Services

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

The procedure to be followed in the event of a fire required updating and one resident did not have a plan outlining the supports required in the event of a fire in the centre.

6. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

(a) Night time fire drills were completed on the 26/05/2016 & 21/06/2016 in the Designated Centre, the fire drill that took place on 21/06/2016 was reviewed by the health and safety officer.

(b) Recommendations made by the Health and Safety officer following the fire drill that took place on 21/06/2016, and have been implemented. 11/07/2016
(c) Centre Emergency Evacuation Plan has been reviewed and updated. 21/06/2016
(d) Personal Emergency Evacuation Plans have been reviewed and updated.
21/06/2016

Proposed Timescale: 11/07/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff had up-to-date knowledge, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

7. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

(a) Behaviour support plans have been reviewed and updated, all staff in the designated centre have read and signed off on these plans; functional assessment.

03/06/2016

(b) All front line staff to have received training specific to Autism. 30/05/2016

Proposed Timescale: 30/06/2016

Theme: Safe Services

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

Residents were not adequately protected from peer-to-peer abuse.

8. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

(a) Designated Officer contacted and interim safeguarding plan has been implemented.
23/05/2016

(b) Additional staffing put in place in the designated centre as per recommendations of the safeguarding plan. 23/05/2016

Proposed Timescale: 23/05/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff did not have access to all appropriate training.

9. 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:

(a) All frontline staff have completed studio III training. 09/06/2016

(b) All frontline staff have completed autism specific training. 30/05/2016

Proposed Timescale: 09/06/2016