



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

Name of designated centre:	Palace Fields Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	05 March 2018
Centre ID:	OSV-0004062
Fieldwork ID:	MON-0021018

## About the designated centre

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

Palace Fields provides a full-time residential service to those with an intellectual disability who have been identified as requiring a support level ranging from minimum to high as per National Intellectual Disability Database classifications. The services aims to meet the needs of people whose primary diagnosis is intellectual disability and may also include co-morbidity. Palace Fields can accommodate those with a range of medical and physical needs, but cannot currently accommodate residents with complex physical needs. The service can accommodate five male and female adults from the age of 18 upwards. The centre is a two-storey house in a rural town with a garden to the rear. The house is centrally located within walking distance of the town centre where a range of amenities are available. All residents in the centre have their own bedrooms. Residents are supported by a staff team that includes a social care leader, social care workers and care assistants. Staff are based in the centre when residents are present and staff sleep over in the house at night to support residents.

**The following information outlines some additional data on this centre.**

Current registration end date:	28/10/2018
Number of residents on the date of inspection:	5

## How we inspect

To prepare for this inspection the inspector or 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
05 March 2018	09:55hrs to 17:35hrs	Jackie Warren	Lead

## Views of people who use the service

The inspector met with the five residents who used this service. Residents, who spoke with the inspector, confirmed that they were happy with the service and care provided, had good access to the local community and enjoyed living in the centre. They also stated that they enjoyed the activities that they took part in at their day services. Some residents did not speak with the inspector. However, the inspector observed that all residents appeared to be comfortable and relaxed in the company of staff and with each other.

## Capacity and capability

There were effective governance and management arrangements in place to ensure that the service received by residents living in the centre was safe and of a good quality.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of safety, care and support being provided to residents living in the centre. Six-monthly audits of the service were being carried out on behalf of the provider. These indicated a high level of compliance and any issues identified had been addressed to improve the service. An informative annual report on the quality and safety of the service had also been carried out.

There were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs and activity programmes. Rosters confirmed that this was the normal staffing level and residents told the inspector that staffing arrangements ensured that they were able to take part in the activities that they enjoyed and preferred.

There were safe and effective recruitment practices in place so that staff had the required skills, experience and competencies to carry out their roles and responsibilities. The provider ensured that all staff had Garda Síochána vetting in place as a primary safeguarding measure for ensuring that residents were safe and protected from abuse.

The provider had measures in place to ensure that staff were competent to carry

out their roles. Staff had received training relevant to their work, including mandatory training. There was a team leader based in the centre who worked closely with staff and residents. The person in charge was based nearby but was involved in the management of the centre, and sometimes carried out care shifts as a form of supervision and familiarisation. Throughout this registration cycle inspectors had found the person in charge to be very familiar with residents' care and support needs. There were effective cover arrangements in place to ensure that staff were adequately supported in the absence of the person in charge.

There were arrangements in place to review and evaluate risks and for the recording and review of adverse incidents. There had been a low level of accidents and incidents, and there had been no serious accidents involving residents.

The provider, in conjunction with the management team, was focused on improving the quality of service to residents in the centre. Since the last inspection, the provider and management team had introduced measures to continue to improve the quality of service to residents. Some of these improvements included the development of a more comprehensive and informative annual review, which provided a clear representation of the quality of the service to the provider. In addition the working hours of the person in charge had been increased to ensure that she was available in a full-time capacity. The inspector found that the provider had put measures in place to ensure that findings from the previous inspection had been addressed.

#### Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. Since the last inspection the hours of the person in charge had been increased to ensure that the role was full time.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that an appropriate number of staff were employed to

meet the assessed needs of residents. Planned staffing rosters had been developed by the person in charge and these were accurate at the time of inspection. Since the last inspection of this centre, recording of the staff roster had been improved to ensure that details of night staffing were clearly recorded.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, manual handling, behaviour support and safeguarding, in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents included most of the required information relating to residents who lived, or received respite services, in the centre. However, it did not state the names and addresses of any authorities, organisations or other bodies which had arranged the residents' admissions.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits, staff supervision and management

meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose. Since the last inspection, the format of the annual report had been revised and improved. The most recent annual report was comprehensive and informative, and provided a clear overview of the quality of the service being provided.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for each resident. These agreements stated the service to be provided to each resident, the fees to be charged, and what was included in the fees. Since the last inspection the agreements had been revised to reflect the terms of each resident's service.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met most of the requirements of the regulations. However, it did not clearly state some of the information required by the regulations. The statement of purpose was being reviewed annually by the management team, and was available to residents.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge and staff kept a register of accidents and incidents. Any events that required notification, including quarterly returns, had been submitted to the



Chief Inspector as required.

Judgment: Compliant

## Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that they were kept safe. Residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices.

Residents' quality of life was prioritised by the systems in the centre and their rights and choices were supported. The inspector could see that residents were out and about in the community and they confirmed that they enjoyed this. Residents told the inspector about things that they liked to do and how they were supported to do these. Residents talked of social events, going for holidays, parties and community involvement.

The centre suited the needs of residents. As the centre was centrally located, residents had very good access to the local amenities, and could walk to the town centre if they chose to. All residents had their own bedrooms. The rooms were decorated to residents' preferences and there was adequate furniture in which residents could store their clothing and belongings. All residents had access to keys to their bedrooms and could lock their doors if they chose to. The centre was warm, clean, comfortable and suitably furnished.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included contracts for servicing of fire fighting extinguishers, the fire alarm system and the central heating boiler. Staff also carried out a range of fire safety checks. The fire evacuation procedure was displayed, staff had received formal fire safety training and effective fire evacuation drills involving residents and staff were carried out. Other risks in the centre had been identified and control measures were in place to manage risks.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. Recommendations from multidisciplinary supports were included in residents' personal plans to ensure that the plans were comprehensive. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these were met. In a sample of personal plans viewed, the inspector found that progress in achieving personal goals was being recorded and that many of the goals had been achieved.

Overall, there was a good level of compliance with regulations relating to the quality

and safety of resident care.

### Regulation 26: Risk management procedures

The issues relating to risk management arising at the previous inspection had been suitably addressed by the provider and the person in charge. The risk register had been reviewed and updated and now contained risks specific to the house and their control measures. Control measures were also identified for the specific risks required in the regulations. In addition, the central heating boiler was being annually serviced by a suitably qualified person.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that there were robust measures in place to protect residents and staff from the risk of fire. These included internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills involving residents and staff and individualised emergency evacuation plans for all residents. There were also up-to-date servicing records of fire fighting equipment in the centre. However, while the provider had a service contract for quarterly servicing of the fire alarm system, only three of the agreed four service checks had taken place during 2017. The organisation's systems had not ensured that the required servicing had taken place in a timely manner. This presented a risk that the alarm system might not continue to be effective.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the resident or their representatives, were being held. Residents' personal goals and

plans, both social, health and developmental, were decided at these meetings and these were made available to residents in an easy-to-read format. Clear records of residents' personal goal planning were kept which included specific time frames, named supports and progress updates in achieving the goals. It was clear, from talking to residents, discussions with staff and review of records, that residents were involved in the local community and were involved in a wide range of activities that they enjoyed.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenges. All staff had attended training in relation to the management of behaviour that challenges. Behaviour support plans had been developed when required, with input from a psychologist and behaviour support specialist. These plans were being implemented effectively.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were protected and promoted. Residents were treated in a manner that maximised their privacy and dignity. All residents had their own bedrooms and had facilities for the secure storage of their personal belongings and valuables. Intimate and personal care plans had been developed for each resident to ensure that personal care was delivered in a dignified manner having regard to supporting residents' independence. During the last inspection of this centre one bedroom in the centre was used by different residents at separate times, which impacted on a resident's privacy. This had been suitably addressed and this practice was no longer taking place.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Palace Fields Services OSV-0004062

Inspection ID: MON-0021018

Date of inspection: 05/03/2018

## 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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Person in Charge has reviewed the Directory of Residents for this service to ensure that all required information is included to comply with Regulation 19. All information regarding the Directory of Residents will be reviewed on an annual basis (or more often if required) and amended as necessary.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been reviewed by the Person in Charge and amended to include all necessary information to comply with Regulation 3. The statement of purpose will be reviewed on an annual basis (or more often if required) and amended as necessary.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Centre Emergency Evacuation Plan has been reviewed and up dated. All Personal Emergency Evacuation plans have been reviewed and amended as necessary.</p>	

PEEPS and CEEP will be reviewed after each fire drill to ascertain if any changes required.

The Person In Charge in conjunction with the facilities manager will ensure the required servicing of equipment takes place in the service on a scheduled basis.

Training in the use of fire safety equipment will be provided to staff as required.



## 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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	01 April 18
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01 April 18
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	20 April 18