



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

Name of designated centre:	Teach Michel Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	14 August 2018
Centre ID:	OSV-0005700
Fieldwork ID:	MON-0021252

About the designated centre

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

Teach Michel provides a full time residential service to people with an intellectual disability who require a minimum to high level of support. Teach Michel are unable to provide a service for those with complex physical and medical needs. The service can accommodate six male and female residents from the age of 18 upwards. The centre comprises four fully self-contained apartments in a residential area on the outskirts of a city. Residents in Teach Michel are supported by a staff team which includes the person in charge, social care workers and care assistants. Staff are based in the centre when residents are present and a staff member sleeps there at night to support residents.

The following information outlines some additional data on this centre.

Current registration end date:	15/02/2021
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
14 August 2018	09:30hrs to 16:00hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with three of the five residents who lived in this centre, and two of these residents talked about the care and support that they received there, and what it was like to live there.

Residents spoke highly of the service and care provided, and said that they were very happy to be living there. Residents commented that the staff looked after them well, that they felt well cared for and safe, and that staff always supported them to do things that they wanted to do. They talked about the variety of opportunities available to them, including day services, going to entertainment events, going out in the local community, sport, and having employment.

One resident spoke of trusting the staff and explained who was in charge and who to tell in the event of any concern or worry. The inspector observed that residents were comfortable together and in the presence of staff, and residents confirmed this to be the case.

Capacity and capability

Governance and management arrangements this centre ensured that residents received a good quality of care and support based on their assessed needs and preferences. The provider's policies and staff practices ensured that residents were kept safe and protected from harm, and supported to achieve their personal goals.

The centre had a clearly defined management structure, which incorporated a suitably qualified and experienced person in charge, who was actively involved in the day-to-day governance of the centre.

Staffing arrangements at the centre ensured that residents' needs were met in accordance with their assessed needs and identified support interventions.

Appropriate staffing levels ensured that residents were able to regularly enjoy activities of their choice, both at the centre and in the local community, and work towards achieving their personal goals such as increased independent living skills.

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, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. In addition, staff attended regular team meetings and were supported with their individual professional development through one-to-one formal supervision arrangements.

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.

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. There were suitable deputising arrangements in place to cover the absence of the person in charge and these were found to be effective. During this inspection the person in charge was on annual leave, but his role had been covered by a suitably qualified person who had an in-depth knowledge of the residents in the centre and their required supports.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person in charge. These had been updated to reflect actual rosters, and were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding - in addition to other training

relevant to their roles such as hand hygiene, infection control, respiratory emergency care and safe administration of medication. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: 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.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A written agreement for the provision of services had been prepared for use in the centre, although this had not yet been agreed with residents living in the centre or their representatives. Furthermore, while the agreement template included the fees to be charged, what was included in the fees and most of the required information, some details of the service to be provided to each resident were not shown in sufficient details and were, therefore, unclear.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge and management team were aware of the requirement to notify certain adverse incidents to the chief inspector of HIQA. No such incidents had occurred in the centre since it had opened. However, quarterly notifications 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. The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices.

To support residents to express their choices and views, weekly house meeting were held where residents discussed these with staff. Arrangements were then put in place to ensure that these preferences were met. The inspector noticed that staff also discussed views and preferences with residents on an ongoing basis during the inspection and that they were supported to do the things they wished to do on the day.

Residents' quality of life was prioritised in the centre. 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, community involvement, learning independent living skills and of having employment in a local project.

The centre suited the needs of residents. As the centre was located on the outskirts of a rural city, residents had very good access to the local amenities and public transport. There were four self-contained apartments, each occupied by either one or two residents. All residents had their own bedrooms. The rooms were decorated to residents' preferences and there was adequate furniture such as wardrobes, bedside lockers and chests of drawers in which residents could store their clothing and belongings. Residents told the inspector of having gone shopping with staff to choose furniture before they moved in. The apartments were warm, clean,

comfortable and well maintained.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire fighting extinguishers and the fire alarm system. 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 being carried out. The provider also had measures in place, including staff training, and access to a designated safeguarding officer, to protect residents from any form of abuse. Residents confirmed that they felt safe in the centre.

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 multi-disciplinary 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.

The provider had ensured that residents had access to medical and healthcare services to ensure that they received a good level of healthcare. All residents had access to a general practitioner and attended annual medical checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were supplied by the provider. Residents' good health was being actively promoted through healthy meal planning and exercise.

There were safe medication management processes in place to protect residents from the risk of medication errors. However, all residents had not been fully assessed for suitability to take control of their own medication. While a partial assessment had been carried out for each resident, these assessments did not fully explore the options of self-administration with support from staff.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.

Regulation 11: Visits

Residents were facilitated to receive visitors in accordance with their own wishes,

and they confirmed that their families and friends called to visit them in the centre. Furthermore, residents were supported to meet with, and visit, family and friends in other locations as they wished.

Judgment: Compliant

Regulation 13: General welfare and development

Suitable support was provided to residents in line with their individual choices and interests, as well as their assessed needs as described in their personal plans. Residents took part in, and enjoyed, a range of social and developmental activities both at the centre and in the community. Residents were taking part in employment projects, sport, and skill building training.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Residents were involved in the preparation of their own meals with the required level of support from staff.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for all residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in the centre for the storage, administration and disposal of medication. Staff who administered medication to residents had received training in the safe administration of medication and there was a medication policy to guide practice. A partial assessment of capacity for self-administration of medication had been carried out for each resident, although these assessments did not fully explore the options of self-administration with support from staff.

Residents had access to the services of a pharmacist in the local area.

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 were being held which included the resident or their representatives, support staff, and multidisciplinary supports if relevant. Residents' personal goals, both social, health and developmental, were agreed at these meetings and were further reviewed at six-monthly intervals. Records of residents' personal goal planning were kept - these included specific time frames, named supports and progress updates in achieving the goals.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. All the residents in the centre had a good level of general health. The management team and staff promoted maintenance of good health through

exercise, healthy eating, weight monitoring and routine health checks.

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. These plans were being implemented and there had been limited occurrences of incidents arising from behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding, there was a safeguarding policy to guide staff, information on safeguarding was made available to residents, and there was a designated safeguarding officer in the organisation.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was comfortably furnished and decorated, clean, suitably equipped, and was well maintained both internally and externally. However, a bathroom door in one apartment had become defective and ill-fitting, and consequently could not be locked when in use. This presented a risk that this could impact on the privacy of residents in this apartment.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Teach Michel Services OSV-0005700

Inspection ID: MON-0021252

Date of inspection: 14/08/2018

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 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The contracts for the provision of service will include additional information on an individualised basis, that will provide clarity in terms of any additional charges the residents are required to pay.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>All residents in Teach Michel shall have a medication risk assessment carried out to ascertain if they can take responsibility for administering their own medication, should they wish to do so. The person in charge will ensure that such assessments are reviewed on a scheduled basis.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

The facilities manager of the registered provider has ensured completion of all necessary works required and noted on day of inspection in order to come into compliance with Regulation 17.

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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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	21/08/18
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	14/10/18
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the	Substantially Compliant	Yellow	14/10/18

	designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	14/10/18