

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Teach Michel Services
Centre ID:	OSV-0005700
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	6

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 to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 December 2017 10:30 To: 18 December 2017 13:00

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

Outcome 04: Admissions and Contract for the Provision of Services
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was a new designated centre which had not previously been registered or inspected by the Health Information and Quality Authority. This inspection was carried out to inform a registration decision.

How we gathered our evidence:

The inspector visited the proposed centre where documentation such as the service agreement, transition plan, staff training records and operational policies were reviewed. The inspector also viewed the statement of purpose that had been prepared for the service. The inspector did not meet the resident who was identified to initially transition to the proposed centre.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. The statement of purpose stated that this centre will provide a full-time residential service to six adults, male or female, who are diagnosed with an intellectual disability. The centre will provide four fully self-

contained apartments on the outskirts of a city. The apartments are well laid out with adequate living space in each. One person has been identified for admission to this service, and it is planned that other residents will be identified and assessed for admission at future dates.

Overall judgment of our findings:

The provider had arrangements in place to ensure that the regulations would be met and to ensure positive experiences for residents. Good proposed practice was identified throughout the service and seven of the eleven outcomes examined were found to be compliant, while the other four were substantially compliant. There were no major non-compliances.

The person in charge described plans to ensure a good level of health and social care for residents. These included social, sporting and educational opportunities, integration in the local community, personal development and contact with family and friends. The person in charge also described measures, such as staff training and suitable behaviour management support, to safeguard future resident from abuse.

However, improvement was required to arrangements for fire containment, the service agreement, transition planning and the statement of purpose.

Findings from the inspection are recorded in the body of this report and the actions required are stated 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 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

A written agreement for the provision of services had been prepared for use in the centre.

The person in charge explained that the written agreement for the support, care and welfare of any future residents would be supplied to residents or their representatives for agreement at the time of admission.

The inspector viewed the agreement document and found that it required some improvement. The agreement was generally informative and stated the fee to be charged for services. However, it did not clearly state the full extent of what was included in the service.

There was a separate tenancy agreement, that stated the rent to be charged.

There was an admission policy to guide practice.

Judgment:

Substantially 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

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

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

Findings:

The proposed resident already resided in another service run by this organisation and it was assessed that his move would be beneficial to the resident. The person in charge also stated that the personal plan would be reviewed following the resident's admission to the centre.

The person in charge discussed the existing personal plan for the proposed resident with the inspector. It was evident measures would continue to be provided on-going social integration and there was a plan to develop an increase in independent living skills for the resident.

Other residents who would be admitted to the centre in the future had not yet been identified.

Judgment:

Compliant

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):

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

Findings:

The centre was a new, purpose-built complex of four fully self-contained two-bedroomed apartments. It was proposed that two apartments would be occupied by two residents, while the other two would each be occupied by one resident. The apartments were finished to a high standard both internally and externally, were clean, comfortable, suitably heated and ventilated. The apartments were not furnished at the time of inspection.

All residents' bedrooms were for single occupancy and in each apartment there was a well equipped bathroom close to the bedrooms. The bedrooms were bright, spacious and had adequate wardrobes. The person in charge explained that residents would choose their own furniture and decorative effects nearer to the time of admission.

Suitable communal space was provided. There were sitting rooms and well equipped kitchens with dining areas in each apartment. Laundry facilities, where residents could participate in doing their own laundry, were provided in each apartment. In three of the apartments there were in kitchens, while in fourth it was in separate area.

Several safety features had been incorporated into the development to increase safety for residents living in the centre. For example, hand rails were fitted on stairways, colour coding was in use in assisted bathrooms, safe floor covering was fitted throughout, wheelchair accessible ramps were fitted externally and there was a video-link security system at front doors.

There were two gardens to the rear of the complex, each of which would be shared by the ground floor and first floor tenants. The gardens were well-maintained and had landscaped beds, lawns and paved areas. The person in charge explained that outdoor furniture would be provided and that other options would be explored to enhance the use of the gardens for future residents.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There were arrangements in the proposed designated centre to promote the health and safety of residents, visitors and staff.

The centre had a fire alarm, smoke detectors, heat detectors, emergency lighting and fire doors in place. The person in charge stated that fire extinguishers had been ordered and were due to be installed prior to any admissions to the centre. The person in charge confirmed that the current personal emergency evacuation plan for the proposed resident would be reviewed on admission. This would be updated if necessary to establish if there would be change to the support the resident may require to evacuate the centre.

The person in charge planned that annual servicing of fire extinguishers and the central heating boiler and that quarterly checks of the fire alarms and emergency lighting would be carried out in line with organisational practice. In addition the person in charge stated that routine internal checks would be carried out by staff such as checks of alarms, escape routes and emergency lighting.

At the time of inspection all exits were found to be free from obstruction.

Staff training records indicated that all staff who would work in this centre had attended fire training. The person in charge told the inspector that all staff would continue to attend annual fire training in line with organisational practice and that four fire drills would also be carried out each year. The person in charge intended to plan fire drills to ensure that each staff member attended at least one fire drill every year. The staff who would work in this centre with the proposed resident already worked with this resident in another centre and were familiar with this resident's fire evacuation plan. The person in charge confirmed that the resident's evacuation plan would be reviewed after the move and that emergency evacuation plans would be developed for all other future residents in the centre.

Fire doors with self closing mechanisms were fitted to internal doors. However, it was unclear if the fire containment arrangements for one laundry area were adequate. In one apartment, the combined washing machine and drier was fitted in a separate laundry area, and there was no information available to confirm whether or not this was a fire door. The person in charge, and his line manager were asked to confirm if the arrangement for the containment of fire in this area was adequate.

The centre had a risk management policy and safety statement. The person in charge confirmed that a full risk evaluation of the centre would be carried out by the organisation's health and safety officer in the coming days and that a risk register would be developed based on this. He also confirmed that personal risks specific to each future resident would be assessed and evaluated and suitable control measures would be identified and implemented. The centre would have systems for the monitoring and response to adverse events, in line with organisational practice.

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

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

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

Findings:

There were measures in place to protect future residents from being harmed or abused.

There was a safeguarding policy to guide staff, and a training schedule to ensure that each staff member attended training in the safeguarding of adults. The person in charge was clear on how any suspicion or allegation of abuse would be managed. The provider had a reporting procedure and designated officer in place to manage any allegations of abuse.

There were no plans to use bed rails or any other form of physical restraint for the resident identified to move to the centre. The person in charge explained that should the use of any physical restraint be required in the future that such use would be assessed and managed in line with the requirement of the national restraint policy.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The person in charge told the inspector of how the best possible health of residents would be promoted in the centre.

Residents would have access to general practitioners (GPs) of their choice, or organised by the service if required. The person in charge stated that they would be referred to health care professionals as necessary. He explained that the resident identified to move to this centre routinely had annual health checks with the GP in addition to annual optical and dental checks. It was the person in charge’s intention to assess each future resident’s healthcare and to develop plans of care for all identified healthcare needs.

The person in charge explained that monthly monitoring of residents’ weights would be carried out in line with organisational practice, and that referrals to relevant health care professionals, such a dietician or speech and language therapist, would be arranged as

required.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The centre had policies and procedures for the safe administration of medications.

The person in charge stated that the proposed resident had been assessed to self-medicate and that this option was not appropriate at present. However, this would again be re-assessed in the future when the resident had settled into the new centre. It was also the person in charge's intention to carry out self-administration assessments for all new residents being admitted to the centre.

There was no medication or medication records in the centre on the day of inspection. However, the person in charge explained that appropriate storage facilities for medications would be in place prior to the resident's admission to the service. Furthermore, the person in charge explained that all medication prescription and administration documentation would follow the existing organisational template and practice. Inspectors had viewed this process at other inspections in this organisation and found that it was suitable.

The person in charge was very clear on the arrangements for safe storage and return to pharmacy of unused and out-of-date medication. It was not anticipated that medication requiring strict controls, medication requiring refrigeration, would be required in the near future, but the person in charge knew how these would be managed if required.

All staff scheduled to work in this centre had received training in the safe administration of medicines and this had been confirmed during the most recent inspection of the centre where these staff had been working.

Judgment:

Compliant

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):

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

Findings:

A statement of purpose had been prepared for the service. However, the statement did not meet all the requirements of the regulations.

While the statement of purpose was informative, it did not include all of the required information, such as, an accurate description of the services that the designated centre intended to provide and a description of the rooms in the centre including their sizes and primary function.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider had established a clear management structure, suitable supports were available to staff and there were arrangements in place to review and improve the quality of service.

The person in charge had responsibility for the overall management of the service, for overseeing the quality of care delivered to residents and for the supervision of staff. The person in charge confirmed that he worked closely with his line manager, who was

contactable when required.

The role of person in charge was full-time and the person who filled the post was suitably qualified and experienced.

There were organisational systems for monitoring the quality and safety of care. The person in charge planned that all accidents, incidents and complaints would be recorded and kept under review within the centre for the purpose of identifying trends. The person in charge planned to carry out ongoing reviews of care in the centre, such as monthly audits of medication and six monthly reviews of personal plans.

The management team were aware of the requirement to undertake six-monthly audits of the service, although this was not yet due as, at the time of inspection, the service was not yet in operation. The person in charge also confirmed that an annual review and report would be carried out when the centre had been operating for a year and annually thereafter.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

On the day of inspection, the inspector found that the proposed staffing arrangements would meet the assessed needs of the resident.

The person in charge confirmed that the staff who currently supported the proposed resident in another designated centre would be transferring to this resident's new home.

The staff training matrix indicated that staff had received up-to-date mandatory training required both statutorily and by the organisation and had received training in fire safety, manual handling, supporting residents with behaviour that challenges and safeguarding.

The person in charge proposed that staff would receive regular support and supervision and a schedule of staff meetings would be in place.

Judgment: Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
On the day of inspection, the inspector found that the proposed centre had all the required policies, as detailed in Schedule 5 of the regulations. The person in charge had also suitably completed a directory of residents as detailed in Schedule 3 of the regulations, in respect of the proposed resident.

However, the transition plan that had been developed to support the resident in the move to the new centre required improvement. While the person in charge could clearly describe a suitable transition plan for the first resident to be admitted to the centre, the documented plan did not explain this in sufficient detail and did not reflect the plan as explained by the person in charge.

Judgment:
Substantially 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

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-0005700
Date of Inspection:	18 December 2017
Date of response:	17 January 2018

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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The agreement for the provision of service did not clearly state the full extent of what was included in the service.

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The contract of care will be amended to reflect the required changes, to include the full extent of service offered.

Proposed Timescale: 21/01/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Fire extinguishers had not yet been provided in the centre at the time of inspection.

2. Action Required:

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

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

As this will be a new designated centre, fire extinguishers will be provided prior to any service users moving in. This has been actioned in conjunction with Facilities manager.

Proposed Timescale: 29/01/2018

Theme: Effective Services

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

It was unclear if the fire containment arrangements for one part of the building were adequate.

3. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The fire cert drawings for Teach Michel were prepared by a certified Fire Consultant and approved by the Fire Officer.

The apartments were constructed to comply with the Fire Safety Certificate (Ref. No. FS/47/07) issued by Galway City Council.

On review, it has been deemed prudent to install a 30 minute fire door in the laundry area of Apartment 4, as a washing / dryer machine is in situ. This work has been

actioned in consultation with the facilities manag.r

Proposed Timescale: 05/02/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not meet some of the requirements of Schedule 1 of the regulations.

4. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose has been reviewed and updated according to Schedule 1 of the Health Act 2007, including an index page linking the statement of purpose contents to the schedule

Proposed Timescale: 19/01/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

The transition plan that had been developed to support the resident in the move to the new centre required improvement. The documentation did not explain the transition plan in sufficient detail, and did not reflect the plan as explained by the person in charge.

5. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The transition plan will be updated to reflect the required changes, in written format, in sufficient detail as per discussion with the Person in charge.

Proposed Timescale: 22/01/2018