



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

Name of designated centre:	Riverside Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	04 February 2019
Centre ID:	OSV-0005749
Fieldwork ID:	MON-0024841

About the designated centre

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

Riverside Services is a centre which is run by Ability West. The centre is located in a town in Co. Galway and provides residential and respite care for up to seven male and female residents, who are over the age of 18 years and have a mild to moderate intellectual disability. The centre is comprised of four apartments, with each resident having access to their own bedroom, shared bathrooms and communal areas. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
04 February 2019	10:10hrs to 15:15hrs	Anne Marie Byrne	Lead

Views of people who use the service

The inspector met with one resident who availed of the service during the inspection,. However, although the resident spoke with the inspector they did not specifically talk about the care and support they received. During the inspection, the inspector observed that staff interacted well with the resident and were knowledgeable about their support needs. Both staff and the person in charge who met with the inspector, spoke confidently about the care and welfare of all residents who availed of the centre, especially in relation to residents' social care, health care, behavioural support, positive risk-taking and general welfare and development needs.

Capacity and capability

This was the centre's first inspection since its registration in August 2018, with the purpose being to monitor compliance with the regulations. Prior to this inspection, the Chief Inspector received unsolicited information regarding the safety and welfare of residents, which was also reviewed as part of this inspection process. Overall, the inspector found this to be a well-run and well managed centre, with effective monitoring systems in place. Although the provider had ensured residents received the care and support they required, improvements were needed to ensure that all care practices were sufficiently documented in areas such as risk management and behavioural support.

The person in charge had the overall responsibility for the centre and they were supported in the management of the service by a 'person participating in management'. The person in charge was also responsible for one other designated centre. The person in charge told the inspector that the provider's current governance and management arrangements supported them to visit the centre frequently and effectively fulfil their role's regulatory requirements.

The number and skill-mix of staff working in the centre was adequate to meet the needs of the resident who availed of the service. The person in charge told the inspector that the number of staff working in the centre was currently under review based on the assessed needs of residents who were identified to transition to the centre. Staff had received up-to-date mandatory training and a refresher training programme was also available to them, as required. Supervision arrangements ensured that each staff member was suitably supervised and supported to carry out the duties associated with their roles. Although there was a planned and actual roster in place, some improvement was required to ensure it clearly identified the

start and finish times of staff who were rostered for duty each day.

The registered provider had ensured that the service provided to residents was appropriately monitored and reviewed. A recent six monthly provider-led visit had been completed and where improvements were identified, a plan had been put in place to identify the actions required to address these. Plans were also in place to complete an annual review of care and support provided at the centre, once it had been in operation for 12 months. The person in charge held regular team meetings with staff to inform them of changes happening within the organisation and staff were facilitated to discuss concerns they had regarding the safety and welfare of residents such as behaviour management supports. Where measures had been implemented in response to staff concerns, the person in charge told the inspector that the effectiveness of said measures would be reviewed with staff at the next team meeting.

A directory of residents was maintained at the centre which contained all information required under Schedule 3 of the regulations. However, provider had not ensured that the centre's statement of purpose was updated to reflect a recent reconfiguration of both staff and residents' bedrooms.

Regulation 14: Persons in charge

The person in charge was suitably qualified and actively involved in the operational management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff working in the centre was suitable to meet the needs of the residents who availed of the service. However, some improvements were required to the roster to accurately reflect staff members' start and finish times each day.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had received up-to-date training and formal supervision arrangements ensured that each staff member was suitably supported in their role.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was in place and was found to contain all information as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to ensure the service provided to residents was effectively monitored and reviewed. Six monthly audits were occurring in-line with the requirements of the regulations and an annual review of care and support provided was scheduled to occur when the centre had been in operation for one year.

Judgment: Compliant

Regulation 3: Statement of purpose

Although there was a statement of purpose in place, it required review to ensure the floor plans were updated to reflect recent changes made to bedroom configuration.

Judgment: Substantially compliant

Quality and safety

Overall, residents were provided with a good quality of life. Residents were supported by staff to participate in activities of their choice, which included engaging in educational opportunities if they wished too.

The centre comprised of four separate apartments, where residents had their own bedroom which they were supported by staff to decorate in-line with their own tastes and interests. Residents also had access to shared bathroom facilities and communal dining and living areas. The provider had recently reconfigured the layout of the centre in order to better met the assessed needs of a resident. Residents had

been consulted on the proposed reconfiguration, with meeting minutes demonstrating that they were satisfied with changes and moving to a different bedroom.

The person in charge had ensured that assessments and personal plans were in place for each resident. Arrangements were in place to support new residents to transition to the centre, which included the availability of additional staffing during this period. Where residents had assessed health care needs, the person in charge was found to be very knowledgeable on the specific support these residents required. Residents had access to a wide variety of allied health care professionals and were supported by staff to attend appointments, as and when required. However, improvements were required in the arrangements for the administering of emergency rescue medication to residents, to ensure it clearly guided staff on the aspects such as maximum dose and frequency of administration.

Where residents required behavioural support, the provider had ensured that behaviour support plans were in place to guide staff, which were subject to regular multi-disciplinary review. However, the inspector found that the behavioural tendencies presented by some residents were not documented to effectively guide staff on how to support these residents. For example, to guide staff on how to respond, support and interact with residents who sometimes display inappropriate behaviours and to also guide staff on how to support other residents who regularly refuse to follow their general practitioners guidelines.

The provider had systems in place to identify, assess, respond to and monitor risks in the centre. Staff promoted positive risk-taking, with some residents choosing to independently access the local town or to stay alone in the centre for short periods of time. Although the person in charge demonstrated a good understanding of the centre's risk management procedures and could inform the inspector of how specific risks were responded to at the centre, these measures were found to be insufficiently documented, which impacted on the provider's ability to provide an accurate assessment of risk in the centre. For example, some risk assessments did not clearly identify the current and additional controls required to manage the risk and did not provide an accurate assessment of the actual level of risk posed by the hazards identified.

The provider had fire precautions in place, including staff training ,emergency lighting, fire detection systems and containment arrangements. Although regular fire drills had occurred, the provider had not assessed their effectiveness under all circumstances , with a fire drill under minimum staffing levels not being undertaken. However, following the inspection, the person in charge provided assurances that a fire drill of this nature had been successfully completed. In addition, although a fire procedure was in place at the centre it required further review to ensure it guided staff on how to evacuate residents living in the centre's upstairs accommodation, should the downstairs fire exits be inaccessible in the event of a fire.

Regulation 13: General welfare and development

Residents had opportunities for recreation and education, as and when they wished. Adequate transport and staffing arrangements ensured that residents had the support they required to take part in activities of their choice.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises met the assessed needs of residents at the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Although the provider had systems in place to identify, assess, respond and monitor risks at the centre, some further improvement was required. The provider had not ensured that all risks were fully assessed such as positive risk-taking, the impact of risk control measures was not appropriately reflected in risk rating judgements and not all identified risks were recorded on the centre's risk register.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire precautions in place such as emergency lighting, fire detection and containment systems and up-to-date staff training in fire safety. However, the centre's fire evacuation plan required review to ensure it guided staff on how to evacuate residents living in the centre's upstairs accommodation, should the downstairs fire exits be inaccessible in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Arrangements in place for the administering of residents' emergency medicines did not adequately guide staff on its daily maximum dose or frequency of

administration.

Judgment: Substantially compliant

Regulation 6: Health care

Staff were knowledgeable on residents' assessed health care needs, and residents were supported to access a variety of allied health care professionals as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were no restrictive practices in place at the time of inspection. Residents who displayed behaviours of concern had clear behaviour support plans in place. However, the inspector found that not all behavioural tendencies displayed by residents were documented so as to provide staff with clear guidance on how to respond, support and interact with these residents.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding plans in place at the time of this inspection. The provider had ensured a system was in place to support staff to identify, respond to and report concerns regarding the safety and welfare of residents and all staff had received up-to-date training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted and respected in this centre. Residents were consulted on the running of the centre through meetings and through their daily interaction with staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured assessments and personal plans were in place for each resident. There were some residents identified to transition to the centre and their assessment of need was in progress at the time of this inspection. The provider had plans in place for the appointment of additional staff members to support this increase in resident numbers.

Judgment: 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Riverside Services OSV-0005749

Inspection ID: MON-0024841

Date of inspection: 04/02/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing: Rota reviewed to reflect more accurate recording of staffs start and finish times with titles included following staff names, i.e. Social Care Worker.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Updated floor plans now in Statement of Purpose. Awaiting larger floor plans for display in Communal area.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Residents risk assessments reviewed and updated to reflect positive risk taking. Risk Register reviewed along with Centre specific risk assessments and risk ratings reviewed and amended as required. All identified risks within the Centre included on the risk register to include risk regarding appropriate staffing levels.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Centre Fire evacuation plan reviewed and plan now includes measures to guide staff in the safe evacuation of residents should the fire exits downstairs be inaccessible, in particular at night.	

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: Person in Charge has communicated with residents GP regarding the requirement for accurate guidelines and documentation of medications. These are now in place to guide staff in the administration of emergency (PRN) medication to include dose and frequency.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Protocols now in place to guide staff in relation to residents behavioural tendencies and how best to support residents when presenting with such behaviours following Advice received from Psychologist involved with residents.</p>	

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	18/02/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	13/02/2019
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	13/02/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	12/02/2019
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	22/02/2019
Regulation 07(1)	The person in charge shall 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.	Substantially Compliant	Yellow	18/02/2019