



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

## Issued by the Chief Inspector

Name of designated centre:	Palace Fields Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	10 and 11 October 2019
Centre ID:	OSV-0004062
Fieldwork ID:	MON-0025709

## 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.**

Number of residents on the date of inspection:	5
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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
10 October 2019	16:30hrs to 18:50hrs	Jackie Warren	Lead
11 October 2019	13:30hrs to 18:10hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The inspector met with all residents who lived in centre. While some residents did not speak with the inspector, it was clear that they were happy and comfortable in the centre and in the presence of staff. Two residents spoke with the inspector and indicated that they liked living in the centre, had good relationships with and trust in the staff, and enjoyed the activities and lifestyles that they were involved in.

## Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care and support being provided to residents. Unannounced audits of the centre's practices were being carried out twice each year by members of the management team. Audit records showed a high level of compliance, and identified improvements had been addressed in a timely manner. The provider also ensured that an annual review of the care and support provided at the centre was being carried out.

The centre was suitably resourced ensure a safe and enjoyable service to residents. This included provision of transport, and allocation of adequate numbers of staff to support residents' needs.

There was a suitably qualified and experienced person in charge who was well known to residents and who knew their care needs. There were cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

There had been a low level of accidents and incidents, and there had been no serious accidents involving residents. The person in charge knew the requirements around the notification of adverse incidents to the Chief Inspector of Social Services.

There was a suitable process to manage complaints. There had been a low level of complaints in the centre, although there were suitable practices to ensure that any complaints would be suitably recorded, investigated and resolved.

The provider had ensured that the records and documentation required by the regulations, such as service agreements, a directory of residents, health and social care assessments, and fire safety records, were being maintained and were

available in the centre.

#### 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. Although the person in charge was not based in the centre, she was present there frequently, was very well known to the residents, and was very knowledgeable of their individual support needs.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

Judgment: Compliant

#### Regulation 19: Directory of residents

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

Judgment: Compliant

#### Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up-to-date.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

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

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by either residents or their representatives

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector of Social Services, and these had been suitably submitted.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. The complaints process had been made known to residents, although there had been no recent complaints in the centre.

Judgment: Compliant

## Quality and safety

The provider ensured that residents living at this centre received person-centred

care and support, and a good level of health care. This allowed residents to take part in activities and lifestyles that they enjoyed and that suited their assessed needs.

Residents' personal, health and social care needs and goals were agreed at annual meetings and plans to achieve their assessed needs had been developed.

The inspector observed that staff supported residents to do things that they enjoyed both in organised day programmes, in the centre, and in the community. Residents were involved in a range of activities such as community involvement, household tasks, developing independent living skills, visiting and socialising with family and friends and entertainment events. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way.

The provider and person in charge had introduced good measures to assess, assist and support communication with residents in accordance with their needs and wishes. These included the development of communication passports to guide staff, and involvement of communication specialists. Information relating to the service, such as information about rights, safeguarding, fire safety and advocacy was made available to residents in appropriate formats.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and appointments were arranged as required. Healthcare services supplied by the provider included psychiatry, psychology, and speech and language therapy. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. Access to national health screening programmes was available for all residents. Options to participate in these programmes were explored by residents, their families and their GPs.

Residents' nutritional needs were well met. Residents, who wished to, had involvement in choosing, shopping for, and preparing their own food, and suitable foods were supplied to meet residents' assessed needs.

The centre suited the needs of residents, and was clean, comfortable, well decorated and suitably furnished. All residents had their own bedrooms and could lock their doors if they chose to. The rooms were decorated to residents' liking.

The provider had measures in place to safeguard residents from risk and harm. These included development of individualised risk profiles and personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, and completion of fire evacuation drills.

The provider had measures in place to safeguard residents from any form of harm. These included safeguarding training, access to a designated safeguarding officer and a policy to guide staff. The provider also had suitable measures in place for the support and management of behaviour that challenges. These included training,



behaviour support plans, and involvement of a psychologist and behaviour support specialist.

### Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents, staff and visitors from the risk of fire.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

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, consultants and access to national screening programmes.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

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

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant