



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

Issued by the Chief Inspector

Name of designated centre:	Arbutus Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	23 September 2020
Centre ID:	OSV-0004105
Fieldwork ID:	MON-0029741

About the designated centre

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

Arbutus is a centre run by Ability West. It is a residential service that provides care to seven male and female residents, who are over the age of 18 years and have an intellectual disability. The centre comprises of two premises, which are located on the outskirts of Galway city and within close proximity to each other. Both premises are two-story houses, containing single occupancy bedrooms, an en-suite, shared bathrooms, sitting rooms, kitchen and dining areas, staff office and garden areas. Residents have access to transport and are within close proximity to local hotels, shops and amenities. Staff are on duty in this centre both day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Wednesday 23 September 2020	11:00hrs to 16:15hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with five residents who live in this centre. These residents were availing of their day services in the centre on the day of inspection and were relaxing in their sitting room upon the inspector's arrival. All five directly engaged with the inspector and spoke about various aspects of the care and support they receive.

Due to the introduction of public health safety guidelines, these residents' day service was now delivered in the comfort of their own home. Some residents told the inspector that they were planning to cook lunch that day for everyone, while another resident said they were in the process of making a rug which they planned to gift to family. One resident told of how they had recently stayed overnight in a hotel and spoke of the support they received from staff to find a hotel which could cater for their mobility needs. Another resident was planning to visit family that weekend and was looking forward to this. Other residents spoke of how they liked to use video calls to keep in contact with family who lived abroad.

In line with their personal plan goals, one resident told the inspector of how staff had supported them to recently achieve this goal and of his plans for further goals in the coming months. Prior to the close of this inspection, this resident told the inspector that with the support of staff, they were attending weight loss group that evening in a local hotel. The inspector also met with two other residents who were preparing to go for a walk in a local park. One of these residents told the inspector that they had a visual impairment and that for them to safely access the park, they required the support of staff and a walking stick.

Over the course of the inspection, the inspector observed very friendly and respectful interactions between staff and residents. Residents knew the staff who were on duty very well and appeared very comfortable in their company. Overall, there was a very pleasant and friendly atmosphere in this centre.

Capacity and capability

This was a well-resourced centre that ensured residents received a safe and good quality of service. Although the centre was subject to very regular monitoring, improvements were required to the centre's monitoring systems to ensure these effectively identified where specific improvements within the service were required.

The person in charge held responsibility for the service and he regularly visited the centre, which allowed him to meet with staff and residents and also gave him multiple opportunities to oversee the delivery of care. He was supported in the

running and management of this service by his line manager, a team leader and staff team. He was responsible for another centre run by the provider and current arrangements gave him the capacity to also effectively manage this centre.

Staffing levels were subject to very regular review, ensuring a suitable number and skill-mix of staff were available at all times to work at the centre. Due to the continuity of staffing levels, this meant that these residents were always cared for by staff who know them and their needs very well. Some residents required minimal staff support, which meant they were supported to stay in their homes independent of staff. The person in charge spoke of the specific staffing arrangements that were in place for these residents, including, allocation of weekly staff support hours to assist these residents with various aspects of their social care. The person in charge and team leader also regularly visited these residents in their home. These specific arrangements were under very regular review by the person in charge to ensure adequate staff support and safety measures were always available to these residents.

This centre was well resourced in terms of staffing, transport and equipment. Staff team meetings were occurring with physical distancing in place, which allowed for any issues arising within the service to continue to be discussed on a regular basis. Since the last inspection, oversight arrangements in this centre were enhanced through the appointment of a team leader. The team leader and person in charge maintained regular contact to discuss any issues arising within the service. However, some improvement was required to the centre's monitoring systems. For the most part, the centre's monitoring systems did provide assurances that the majority of care practices were of a good standard. However, even though six monthly provider-led visits and internal audits were occurring on a regular basis, these were at times, broad in nature, which didn't allow for specific improvements required within this service to be identified. For example, recently completed medication audits, which reviewed a number of aspects of medication management practices, failed to identify specific improvements required to the centre's prescribing practices.

Regulation 14: Persons in charge

The person in charge held responsibility for the centre and he was supported in his role by a team leader, his line manager and staff team. He was regularly present at the centre to meet with staff and residents. He held responsibility for one other centre run by the provider and told the inspector that current arrangements gave him the capacity to also effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured adequate number and skill-mix of staff were at all times available to meet the assessed needs of residents. Staffing arrangements were subject to regular review, ensuring residents received consistency of care.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the centre was adequately resourced in terms of staffing, equipment and transport. Suitable persons were appointed to manage and oversee the running of the centre and staff meetings were occurring on a regular basis. However, even though the centre was regularly monitored through six monthly provider-led audits and by an internal auditing process, some of these monitoring systems were extensive in nature and didn't allow for specific areas of improvement to be identified.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were recorded, responded to and reviewed on a regular basis. All incidents were reported to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

This centre was operated in a manner which respected each resident's capacity, personal preferences and support needs. Residents in both houses lived very active lifestyles and were supported to access the community, seek employment, take part in activities that were of interest to them and to have breaks away with family and friends.

The centre comprised of two houses located within close proximity of each other and as part of the inspection, the inspector visited one of these houses which was home to five residents. Residents had their own bedroom, some en-suite facilities, shared bathrooms, sitting room and dining, kitchen and access to gardens.

The layout and design of the centre was considerate to the mobility needs of some residents, with the inspector observing a resident who is a wheelchair user, to freely manoeuvre from the kitchen to the sitting room as they wished. Overall, the inspector found the centre to be clean, well-maintained and provided residents with a comfortable environment to live in.

The person in charge and team leader facilitated most of the inspection and they knew the residents and their needs very well. Most staff had worked with these residents for many years and were very familiar with their assessed needs, including healthcare, behavioural and social support. Both spoke at length about specific care needs that some residents had, particularly in the area of skin integrity and incontinence care. Staff were very aware of residents' changing needs, ensuring that all residents were subject to re-assessment and that clear personal plans were in place to guide staff on their role in supporting these residents.

The provider had ensured that where residents wished to take responsibility for the administration of their own medicines, that they were supported by staff to safely do so. In response to the healthcare needs of a resident, the provider had implemented localised prescribing measures to ensure that this resident received suitable treatment in a timely manner. However, this practice was not guided by the centre's medication management policy. In addition, the inspector observed that where more than one form of pain relief was prescribed for residents on an as required basis, there was poor guidance available to staff where caution should be used when administering these medicines.

The provider had systems in place for the identification, response and monitoring of risk at the centre. Staff communication systems and the centre's incident reporting system played an integral role in identifying risk at this centre, which meant risk was quickly responded to. Since the last inspection, the provider had made improvements to the overall assessment of risk; however, further improvement was required in this area. For example, not all risk assessments clearly identified the specific measures that the provider had effectively put in place in response to risk. For example, with regards to residents requiring minimal staff support, the provider had implemented a number of measures to ensure these residents' safety and welfare while remaining in their own home independent of staff. However, the supporting risk assessment didn't always clearly identify what these specific measures were. Furthermore, some risk-ratings didn't accurately reflect the impact that effective measures had on mitigating specific risks. For example, the provider had implemented effective measures to ensure that any changes to the health status of residents would be identified in a timely manner. However, the risk-rating on the risk assessment supporting this practice did not reflect the positive impact that these measures had on mitigating against this risk. In addition, although the provider was monitoring certain risks, these weren't always supported by a risk assessment, for example, risks pertaining to the centre's overall staffing levels.

Safeguarding of residents was paramount at this centre. Following a recent peer to peer related incident at the centre, the provider had put measures in place in response to this, which were effective in ensuring a similar incident did not re-occur. The provider also had procedures in place to ensure staff were supported in the

identification, response and monitoring of any concerns to the safety and welfare of residents. Behavioural support arrangements were in place for residents that required it. The team leader and person in charge both spoke at length about the particular behaviours that some residents experienced from time to time and of how staff effectively responded to these behaviours. However, not all behaviours had a support plan in place, to ensure that staff were accurately guided on how to best support these residents. Restrictive practices were in use at the centre and the person in charge spoke of the plans in place to reduce these in the coming months. Records of each time a restrictive practice was used was recorded by staff.

Since the last inspection, the provider had reviewed the centre's fire procedure. However, the inspector found this procedure required further review to provider additional guidance on the procedure to be followed in the event of a fire, particularly where residents spent time in the centre independent of staff. Furthermore, event though regular fire drills were occurring, some were not conducted with minimum staffing levels, especially in houses where residents spent time in the centre independent of staff.

Regulation 26: Risk management procedures

The provider had systems in place for the identification, response and monitoring of risk at the centre. Since the last inspection, the provider had made improvements to the overall assessment of risk; however, further improvement was required in this area. For example, not all risk assessments clearly identified the specific measures that the provider had effectively put in place in response to risk. Furthermore, some risk-ratings didn't accurately reflect the impact that effective measures had on mitigating specific risks. In addition, although the provider was monitoring certain risks, these weren't always supported by a risk assessment, for example, risks pertaining to staffing levels.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety measures, the provider had implemented a number of measures to ensure the safety and well-being of all staff and residents. Temperature checks were regularly taken, appropriate personal protective equipment was readily available at the centre, practicing of social distancing and good hand hygiene. Contingency plans were also in place should an outbreak of infection occur at the centre and these plans were reviewed regularly by the senior management team.

Judgment: Compliant

Regulation 28: Fire precautions

Since the last inspection, the provider had reviewed the centre's fire procedure. However, the inspector found this procedure required further review to provide additional guidance on the procedure to be followed in the event of a fire, particularly where residents spent time in the centre independent of staff. Furthermore, even though regular fire drills were occurring, some were not conducted with minimum staffing levels, especially in houses where residents spent time in the centre independent of staff.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the prescribing, administration and storage of medicines at the centre. Residents were supported to take responsibility for their own medicines, if they wished to do so. In response to residents' health care needs, the provider had specific prescribing practices in place in this centre, which ensured that residents received the medication that they required, should a change to their health care needs arise. However, these centre specific prescribing practices were not supported by the centre's medication policy. In addition, the inspector observed that where more than one form of pain relief was prescribed for residents on an as required basis, there was poor guidance available to staff where caution should be used when administering these medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured each resident was subject to regular assessment and that personal plans were in place to guide staff on supporting residents with specific needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents received the care and support that they required, particularly in the areas of skin integrity and incontinence care. A variety of allied health care professionals were also available to residents, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured that they were supported by staff who knew them very well in the management of these behaviours. However, some improvement was required to ensure plans were in place to guide staff on some of the specific behaviours that can be displayed by residents from time to time. Restrictive practices were in use at the centre and the person in charge spoke of the plans in place to reduce these in the coming months. Records of each time a restrictive practice was used was recorded by staff.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response and monitoring of any concerns relating to the safety and welfare of residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Arbutus Services OSV-0004105

Inspection ID: MON-0029741

Date of inspection: 23/09/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge and Team Leader are currently undertaking a review of the internal auditing systems currently in place within Arbutus Services, to ensure that specific areas of improvement which are required within the centre are effectively identified and subsequently actioned upon.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC and Team Leader will review the Risk Register and all relevant risk assessments within Arbutus Services in order to clearly identify specific risks within the centre, accurately inform how these risks are managed and highlight the control measures that have been implemented in response to these risks.</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A review of the fire procedures within Arbutus Services has taken place to ensure additional guidance is in place for staff and residents in the event of a fire. Furthermore, a schedule of fire drills is underway to incorporate minimum staffing levels in the house where residents spend the majority of their time independent of staff.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The PIC and Team Leader have reviewed prescribing practices in place for some residents who require specific medication in the event of an accelerated health issue. Subsequent changes are underway to ensure that new plans are developed for implementation, in adherence to the Organisation's medication policy and procedures. Advice and guidance is also being sought from the relevant GPs with regards to the utilisation of these specific plans.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The PIC and Team Leader have been working in conjunction with the relevant Psychologist on specific support plans in order to ensure that clear guidance and clarity is in place for the staff team in the management of specific behaviours.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2020
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	30/11/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety	Substantially Compliant	Yellow	31/10/2020

	management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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	31/10/2020
Regulation 29(4)(a)	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 any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	30/11/2020
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to	Substantially Compliant	Yellow	30/11/2020

	respond to behaviour that is challenging and to support residents to manage their behaviour.			
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