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## Avalon Services, OSV-0004070, 30 January 2019

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

Name of designated centre:	Avalon Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	30 January 2019
Centre ID:	OSV-0004070
Fieldwork ID:	MON-0025138

## About the designated centre

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

Avalon services provides a six day a week respite service to residents with an intellectual disability and additional needs such as behavioural, medical and mobility support. Residents are supported by a combination of nurses, social care workers and care assistants; with staffing levels being dependent on the needs of residents accessing the centre for respite care. The centre has a capacity for eight residents including emergency respite admissions. Respite care provided to three residents on a recurring weekly basis, with respite care being offered to other residents on a planned monthly basis.

The centre is located in a suburban area of a large city, where public transport facilities such as buses, taxis and trains are available. The centre is a large two-storey, purpose built facility and there is two bedrooms on the first floor, with a further five bedrooms on the ground floor. Two of the resident bedrooms are adapted with hoists to support residents' assessed needs. In addition, residents have access to communal reception rooms and kitchen facilities on each floor of the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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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
30 January 2019	10:30hrs to 16:00hrs	Ivan Cormican	Lead

## Views of people who use the service

The inspector did not meet with any residents on the day of inspection; however, the centre appeared very welcoming and it was evident through information which was on display and through talking with staff that residents were actively consulted with throughout their stay.

## Capacity and capability

Overall, the inspector found that residents received a good quality of care and support and that staff in the centre had a good understanding of residents' care needs. However, some improvements were required in regards to the implementation, management and escalation of risk to ensure that the safety of some residents who accessed the centre was maintained at all times.

The provider had risk management procedures and a policy in place and the person in charge was found to have a good understanding of risks within the centre. The inspector found that many identified risks in the centre were well managed and that the safety of residents was promoted. However, the inspector also found that a specific risk had not been appropriately managed to ensure that the safety of a resident was maintained to a good standard. Furthermore, the inspector noted that senior management of the centre had not been notified of this specific risk in-line with the provider's risk management policy, which impacted on the oversight and implementation of risk management practices in the centre.

There was 28 residents identified as using the service, staff who met with the inspector had detailed knowledge of residents' care plans and they could clearly articulate the care needs of a sample of respite users. The provider had also ensured that staff members received training which would support the delivery of care to residents such as epilepsy management, safeguarding and supporting residents with behaviours of concern. A review of the rota also indicated that sufficient staff numbers were in place to meet the assessed needs of residents and that residents received continuity of care from staff who were familiar to them. The inspector found that these arrangements ensured that residents would receive a good quality of care and support when using this service.

It was clear that residents were consulted on decisions about the day-to-day running of the centre and information on many aspects of care, such as safeguarding and complaints was on display. There were two nominated people to manage complaints and there was also an appeals process for when residents were not satisfied with the outcome of a complaint. A review of records maintained at the

centre indicated that residents were actively supported to make a complaint if they were unhappy, with evidence that recent complaints which related to Internet access and noise were managed to the satisfaction of the residents.

The provider had produced a statement of purpose which clearly outlined the service which the provider was offering in the centre and the inspector found that this document was under review on the day of inspection. Some minor adjustments were also made on the day of inspection to further accurately describe the supports and care needs the centre could provide for.

### Regulation 15: Staffing

The inspector found that the number and skill mix of staff members ensured that residents' assessed needs were met at the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The actions from the last inspection had been addressed by the provider , with all staff members having received up-to-date training in-line with organisational policies. Some residents had additional care needs and the provider had ensured that they were appropriately supported, through staff access to additional training in areas such as as epilepsy management and supporting residents with modified diets.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that many identified risks in the centre were well managed and that the safety of residents was promoted. However, the inspector found that a specific risk had not been appropriately managed to ensure that the safety of a resident was maintained to a good standard. Furthermore, the inspector noted that senior management of the centre had not been notified of this risk in-line with the provider's risk management policy, which further impacted on the oversight and implementation of risk management practices.

The provider had completed all required audits as stated in the regulations and the person in charge was completing regular reviews of care practices in the centre. It was clear the residents were actively consulted in regards to the day-to-day

operational and care practices in the centre. However, there was no evidence that residents were consulted in regards to the formulation of the centre's annual review of care and support provided.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The provider had produced a statement of purpose which accurately describe the care needs which the service could meet as well as the services and facilities which would be implemented to meet those needs.

Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers on the day of inspection. However, the provider had a clear policy in place on how to support volunteers if used at the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge maintained a record of all notifications which were submitted to the Chief Inspector. However, a review of records indicated that not all restrictive practices were submitted to the Chief Inspector as required.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There were two nominated people too manage complaints and there was also an appeals when residents were not satisfied with the outcome of a complaint. A review of records in the centre indicated that residents were actively supported to complain if they were unhappy and recent complaints in regards to Internet access and noise were managed to the satisfaction of the residents.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents received a good quality service which promoted consistency of care and community inclusion; however, significant improvements were required in regards to risk management procedures to ensure that the safety of some residents was maintained to a good standard.

The staff team had a good understanding of the residents' care needs and staff who met with the inspector were knowledgeable on practices such as agreed supports for residents who at times displayed behaviours of concern. Residents' behavioural supports clearly guided staff and was subject to regular review to ensure a consistency of care. There were some restrictive practices at the centre, which were implemented due to safety issues linked to behaviours of concern. Again the inspector found that staff members had a good knowledge of when, how and why the specific restrictive practices should be used to support residents' assessed needs. On the day of inspection, the centre was trialling the reduction of a restrictive practice in order to improve the social experience for a resident and on each occasion this reduction had been successfully implemented. However, the inspector found that the associated risk assessment stated that this practice posed a significant risk to the health and safety of the resident. Furthermore, the provider and senior management of the centre had not been notified of this risk. The inspector found that these arrangements did not support the safety of this resident and that improvements were required to the management of this specific risk. This was brought to the attention of management of the centre on the day of inspection and in response, management stated that risk management procedures would be fully reviewed subsequent to the inspection and prior to the future use of this trial.

Fire safety was taken seriously by the provider and precautions such as fire doors, emergency lighting and a fire alarm panel was present in the centre. These precautions were reviewed on a regular basis by the staff team and all required servicing by competent people was completed as required. Records of fire drills indicated that those residents involved in the drill could safely evacuate the centre in the event of a fire; however, records did not show whether the effectiveness of evacuation arrangements had been assessed under all circumstances such as minimum staffing levels or when residents with reduced mobility were at the centre.

The inspector did not have the opportunity to meet with any residents during the inspection due to its respite care nature. However, the inspector met with three staff members and discussed the care provided to residents, finding them to be very knowledgeable on all aspects of residents care and support. It was further evident that residents were consulted on day-to-day decisions at the centre, with easy read information being displayed throughout the centre.

Residents were safeguarded from the risk of harm while at the centre. The provider had an up-to-date safeguarding policy and accessible information on reporting procedures was displayed at the centre. Although no active safeguarding plans were in place on the day of inspection, effective measures were in place to both identify any potential safeguarding concerns and implement appropriate actions to protect residents should the need arise

Sufficient information was in place to support the administration of regular medications to residents in the centre. A nurse who met with the inspector could clearly explain the oversight arrangements in place at the centre for the transcribing and administration of medications. The inspector found that these systems assisted in ensuring that residents would receive their medications as prescribed. The provider further ensured that where residents had the ability to self administer their medication this was clearly assessed, however the provider had not ensure that the associated risk assessment was in place to both promote residents' independence and guide staff. The inspector also found that further clarity was required in regards to the dose of rescue medication which could be administered in response to a resident's medical need.

### Regulation 17: Premises

The centre was well maintained and was decorated in a warm and homely manner. There was two reception rooms for residents to relax in as well as suitable kitchen and dining facilities at the centre. Each resident had their own bedroom for the duration of their stay , with additional equipment in place to support residents with reduced mobility.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety was taken seriously by the provider with appropriate fire equipment in place which was reviewed on a regular basis by the staff team or a qualified person to ensure it ws in full working order. Fire drills were regularly completed in the centre; however, records did not demonstrate that the evacuation arrangements had been assessed under all circumstances to ensure their effectiveness in an emergency.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Sufficient information was in place to support the administration of regular medications to residents accessing the centre. Staff were suitably qualified and knowledgeable about practices at the centre . However risk assessments had not been completed where residents had been assessed as having the capacity to self administer medication and further clarity was required in relation to the dose of rescue medication to be given to a resident in response to their medical needs.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents were supported to access their local community and each resident had a personal plan which was reviewed on a regular basis. Residents were also assisted to identify goals and staff members from both the designated centre and the residents' day services supported residents with their achievement.

Judgment: Compliant

### Regulation 8: Protection

There were no safeguarding concerns at this centre on the day of inspection. However, the provider's oversight and reporting arrangements ensured that the safeguarding of residents was actively promoted.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff members were knowledgeable on residents' assessed needs and especially in regards to supporting residents with behaviours of concern. Residents' behaviour supports were reviewed on a regular basis which ensured a consistency of care by staff. Where restrictive practices were in place to support residents' needs , there was a clear rationale in place for their use to guide staff. However, the inspector found that some restrictive practices had been implemented without seeking the consent of the resident or their representatives.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

There were examples of good risk management in this centre and the person in charge had a good understanding of these risks which were regularly reviewed and updated. However, some improvements were required in regards to the implementation and management of specific risks to ensure that the safety of residents was maintained at all times.

The provider had a system in place which facilitated staff to record and report incidents which impacted on the quality and safety of care provided to residents. A review of recorded events in the centre indicated that the person in charge was responsive to any issues which had occurred.

Judgment: Not compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 26: Risk management procedures	Not compliant

# Compliance Plan for Avalon Services OSV-0004070

Inspection ID: MON-0025138

Date of inspection: 30/01/2019

## 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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• Risk Management Policy to be reviewed and adhered to as per the Organisations policy and procedure and risks scored as high, to follow the Risk Escalation Pathway and forwarded to Senior Management for review and approval.</li> <li>• Risk Register to be reviewed as stated or as the need arises.</li> <li>• Risks to be assessed in conjunction with relevant MDT involved in each case.</li> <li>• Questionnaires to be sent to families and the information provided to be included in the annual review.</li> <li>• When speaking to families/guardians staff members/PIC will ask for their views on the service and document same.</li> <li>• Include information from Service Users House Meetings where residents have expressed their views on the running of the centre.</li> </ul>	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none"> <li>• Review all restrictive practices and ensure all are provided to the Chief Inspector at the end of each quarter as required.</li> <li>• Restrictive Practice Logs have been updated (15/02/2019) and all restrictive practices are logged appropriately.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> <li>• Fire drill completed with maximum number of residents and minimum number of staff, as required on 10/02/2019</li> </ul>	

<ul style="list-style-type: none"> <li>• A separate fire drill was carried out with maximum number of service users and minimum number of staff when a non-ambulant resident availed of respite (24/02/2019).</li> <li>• All residents to partake in at least one fire drill within the year.</li> <li>• PEEP's and CEEP's to be reviewed and updated as necessary after each fire drill.</li> </ul>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• All staff who administer medication to have completed appropriate training.</li> <li>• All prescriptions and care plans are to be reviewed when they are received and staff to ensure that the information provided is correct.</li> <li>• Any medication errors are to be managed as per the organisations' specific policy and procedure.</li> <li>• The specific residents care plan, highlighted on the day of the inspection, has been reviewed and amended by their GP and is in place in the centre (15/02/2019).</li> <li>• All residents who self-administer medication have a risk assessment completed for same, however, these were not readily available to the inspector on the day of inspection. These are in place in the unit and are readily available.</li> </ul>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• Should a resident have any restrictions in place while in receipt of respite in the centre, a referral will be made to the restrictive practices committee for approval.</li> <li>• The referral will include consent from the resident (if possible) and/or a parent/guardian.</li> <li>• All restrictions will be managed in accordance with the organisations' Restrictive Practices policy and procedure.</li> <li>• Verbal consent has been obtained from parents/guardians on 15/02/2019 for all residents with restrictive practices in place and written consent forms have also been sent to families for completion.</li> </ul>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• Risk Assessment was reviewed 07/02/2019 and amended accordingly in consultation with relevant MDT.</li> <li>• High risks to follow the Risk Escalation pathway and forwarded to SMT for their attention, as per the organisations' policy and procedure. This was completed on the 22/02/2019.</li> </ul>	

## 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.	Not Compliant	Orange	22/02/2019
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	28/03/2019
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.	Not Compliant	Orange	22/02/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	24/02/2019

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	15/02/2019
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	15/02/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	15/02/2019
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	28/02/2019