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A designated centre for people with disabilities operated by Ability West, Galway

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0001509
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 July 2015 11:00	13 July 2015 18:30
14 July 2015 10:00	14 July 2015 16:10

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The inspector found that residents received a good quality service in the centre, although there were several areas for improvement identified.

As part of the inspection, the inspector met with residents and staff members, observed practices, read relatives' questionnaires and reviewed documentation such as personal plans, medical records, policies and procedures. Feedback from relatives was generally positive and relatives were complimentary of the quality of care and of staff.

Staff were very knowledgeable regarding each resident's needs . Staff supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to interact in the local community.

Staff and residents knew each other well, residents were observed to be relaxed, happy and comfortable in the company of staff.

The centre was comfortable, appropriately furnished, well maintained and there was a well kept, secure garden for residents to enjoy.

There was significant improvement required to the management of medication. In addition, improvement was required to care planning documentation, fire safety training, operational policies, quality improvement, the complaints process, assessment of staffing need and the risk register and policy. The statement of purpose, residents' contracts of care and the admission process also required improvement. Some further clarification was also required on how the organization assessed the suitability and qualification of external contractors.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that residents were consulted in how the centre was planned and run and their privacy and dignity were respected. However, some improvement to the complaints process was required.

There was a complaints procedure written in a legible format, including pictures, and was designed to be clear and accessible to both residents and their families. There was an up to date complaints policy to guide staff, although this policy required some improvement and is discussed in outcome 18. There was an appeals process which could be used in the event of a complainant not being satisfied with the outcome of a complaint. In addition, the complaints policy did not identify a person to ensure that all complaints are appropriately responded to and recorded as required by the Regulations.

There was a computerised system for recording complaints, their investigation process and outcomes. The inspector viewed this system and found that one complaint had been entered, which was suitably recorded, with details of the complaint, how it was addressed and the outcome recorded. The recorded complaint was from an external source and did not originate from a resident, relative or staff member. The complaint was not in any way related to the service or care provided to residents While the satisfaction of the complainant was not formally recorded it was implied. However, the inspector found that there had been other complaints made by relatives in relation to aspects of the service. While there was evidence that they were being taken seriously, they had not been recorded as complaints and were not being investigated in line with the complaints policy.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms which were well furnished and had ample storage space. There were lockable spaces for the storage of valuables and residents could lock their doors if they wished. These rooms were decorated with photographs, pictures, trophies and personal belongings. Most residents had either en suite toilet and shower facilities in their bedrooms or their rooms were adjacent to suitable bathrooms. One of the bedrooms was a respite room which was retained exclusively for one person.

An intimate personal plan had been developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.

Residents' civil and religious rights were respected. All residents were registered to vote and could attend the local polling station if they chose to do so. There was a church near the centre staff supported residents to visit or attend Mass if they wished. Mass and other religious services in the local church could also be viewed online and the priest sometimes came to the centre to meet the residents and was available as required. An advocacy service was available to residents. Residents were also involved in household activities such as meal planning and light household chores.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

There were strong systems in place to assist and support residents to communicate.

Staff who spoke with the inspector were aware of the different individual communication needs of each resident. Some staff had received training in communication techniques and there was a communication policy to guide staff. Each resident's specific communication needs were set out in a communication passport. These passports included information on how each resident could communicate and understand issues important to them such as likes and dislikes and how they expressed emotions such as anger, hunger or thirst. Signage throughout the centre was clear and pictorial images were used to communicate to residents. Objects of reference and pictures were in use to communicate with some residents. The names and photographs of staff on duty were displayed as knowing which staff were on duty was very important to residents.

There was a variety of information displayed in accessible format on the kitchen notice boards, including complaints procedure and notices of local community and entertainment events. There were also up to date pictures to remind residents of the daily activities and which ones residents usually participated in. Information and guidance on food and nutrition was also well presented to residents. A colourful birthday board was displayed in a communal room.

All residents had access to televisions, radio, newspapers and magazines.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were supported to maintain relationships with their families. All residents, including those receiving respite care, were encouraged and supported to interact in the local community.

There was an open visiting policy. Family and friends could visit at any time and there was sufficient space for residents to meet visitors in private if they so wished. Long term residents also visited and stayed with family members regularly throughout the year. Each resident had worked with staff to identify important people in their lives and details of how they could contact these people were retained.

Families were invited to attend and participate in residents' 'circle of support' meetings which took place every six months or more frequently if required. At these meetings residents, their family and key workers reviewed residents' personal goals and worked towards achieving them. Records indicated that families were kept informed and updated of relevant issues. All the residents visited a day service each weekday where they had the opportunity to meet with other people and to avail of educational opportunities.

Residents were supported to go on day trips, attend sporting, entertainment and religious events, and go to the hairdresser and to eat out in local restaurants.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

Contracts for the provision of services were agreed with most residents. The inspector reviewed some contracts and noted that they included the services to be provided and the fees to be charged including the details of additional charges such as grocery and housekeeping contributions. The contracts had recently been supplied to residents' representative for agreement and at the time of inspection most contracts had been agreed.

However, the inspector found that the contracts did not accurately reflect the service provided to residents. The management team explained that the service was provided for 48 weeks each year and this was not clearly indicated in the contract of care. Arrange for the placement and care of residents during these times of closure were also not mentioned in the contracts.

There had been no recent long term admissions to the centre and there were no immediate plans to admit any new residents, however, there was an admissions policy to guide the process if required. The inspector viewed the policy for respite admissions and found that it did not include guidance on the assessment and placement of residents for respite care.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

Findings:

The inspector found that each resident's social wellbeing was maintained by a high standard of assessment, care and support. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue interests appropriate to their individual preferences both in the centre, the resource centre and the community. All residents had personal plans which contained important information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and life goals and there was evidence of participation by residents in the development of their plans. Each resident had an identified 'circle of support' consisting of their families, friends and key workers to plan around issues relevant to the resident's life and wellbeing.

There was a range of activities and educational opportunities taking place in the day services which all the residents attended each weekday and residents' involvement was supported by staff. Residents frequently went to town, visited relatives, celebrated birthdays, went on outings and had meals in local restaurants.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

Findings:

The design and layout of the centre suited the needs of residents. The centre was a two-storey house which was well maintained both internally and externally. The house was clean, warm, tastefully furnished and comfortable throughout. However some improvement was required to the verification of external servicing personnel.

There was a variety of communal day space including spacious sitting rooms and a large open plan kitchen and dining room. All residents occupied single bedrooms which were bright, clean, comfortable and well furnished and were personalised with a selection of

residents' belongings. Residents had adequate personal storage space in their bedrooms and could lock their bedroom doors if they chose to. There were adequate numbers of suitable and accessible toilets and showers for residents.

The inspector found the kitchen and dining area to be well equipped, clean and comfortable. There were separate office, bedroom, toilet and shower facilities for staff.

The inspector viewed the maintenance and servicing records which confirmed that equipment was in good working order. However, while there was record that the central heating system had been regularly serviced, there was no evidence available to verify that the person responsible for this servicing had the necessary qualifications.

Residents had access to a large enclosed landscaped garden area. At the time of inspection work was in progress to improve the ground surface in part of the garden to improve safety and accessibility for residents.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

Findings:

The inspector found that the management team had measures in place to promote and protect the health and safety of residents, visitors and staff. However, improvement was required to the risk management policy and the emergency plan.

There was a health and safety statement and risk management policy available, in conjunction with a risk register. The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff, although some improvement to the risk register was required. There were a range of separate policies to guide staff on the specific risks specifically mentioned in the regulations such as unexplained absence, self harm and accidental injury. However, the risk management policy/procedure did not include guidance on the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. Furthermore, the risk register was not centre specific. It provided guidance on risks which were not relevant to the centre and did not provide guidance on

some risk which was evident, such as safeguard residents while the ground works were being undertaken in the garden.

The inspector reviewed fire safety policies and procedures. There were up to date servicing records for all fire fighting equipment and the fire alarms. Quarterly fire evacuation drills took place involving all residents and staff. The person in charge also organised additional monthly fire alarm drills. Internal checks of fire safety systems were in place, such as, daily checks of fire alarms and escape routes and weekly checks of the emergency lighting system were recorded. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

The person in charge stated that all staff had received up to date training in fire safety although, there was evidence that one staff member had not attended fire safety training. This staff member continued to be rostered for duty, although a member of the management team confirmed that this staff member was never rostered to work alone in the centre. Other staff who spoke with the inspector were very clear on what actions they would take in the event of a fire and confirmed that they had received recent fire safety training. Records of fire safety training were viewed on a sample of staff files that the inspector read.

There were separate missing person profiles completed for all residents containing specific identifying information. In addition, there was a personal emergency evacuation plan on file for each resident. There was improvement required to the emergency plan. While the plan provided guidance for staff in the event of a number of different types of emergencies, it did not clearly identify alternative accommodation details and emergency transport information.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

Findings:

There were measures in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults with a disability from abuse. Members of the management team, who spoke with the inspector, confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area and clearly outlined the measures which would be taken in response to an abuse allegation.

Training records indicated and staff confirmed that all staff had attended training in adult client protection. Staff who spoke with the inspector were very clear on what actions they would take in the event of suspected or alleged abuse. There was also information available to residents of what constitutes abuse and bullying and how they should respond to it. The inspector observed staff interacting with residents in a respectful and friendly manner.

There was a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged, although some further development to the plans was required and this is discussed in outcome 11. Staff who spoke with the inspector had attended training on managing behaviours that are challenging and training records indicated that this training had been delivered to all staff.

The inspector found that residents' finances were managed in a clear and transparent manner. Residents generally kept control of their own money, although there were arrangements for the safekeeping of some cash by staff as residents required. This money was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance records were maintained for each resident, all transactions were clearly recorded and signed and receipts were maintained for all purchases. The system was regularly audited by the person in charge and no discrepancies had been noted.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

The person in charge and her deputy were aware of the legal requirement to notify the

Chief Inspector regarding incidents and accidents. All required incidents and quarterly returns had been notified to the Chief Inspector.

The inspector reviewed the incidents register which was retained on a computerised system and noted that comprehensive details of all incidents were maintained.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

Findings:

The inspector found that residents were supported to participate in education and training to assist them to achieve their best potential.

Residents were involved in basic household chores, such as baking and grocery shopping, as a form of skill building. There was a range of development opportunities available to residents through the resource centre that residents attended on weekdays. Residents also took part in hobbies of their preference in the house. For example, residents had participated in a dancing and drumming groups and one resident enjoyed and practiced yoga. Although, the centre had its own bus, residents were supported and encouraged to use the nearby public bus service as a form of independence and integration with the local community.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

Findings:

The inspector found that residents' overall health care needs were met and residents had access to appropriate medical and health care services, although some improvement was required regarding, nutrition and presentation of modified consistency diets.

All residents had access to general practitioner (GP) services. The inspector reviewed a sample of files and found that GPs reviewed residents as required.

Residents had access to a range of health care professionals including chiropody, speech and language therapy, psychology and psychiatry and referrals were made as required.

The inspector found that residents' nutritional needs were well monitored and staff stated that none of the residents were losing weight. All residents had nutritional assessments undertaken and were weighed each month. Referrals were made as required to a speech and language therapist whose recommendations were implemented. Referrals to dieticians could be made by private arrangement. Some residents required modified consistency diets based on the recommendation of the speech and language therapist and these were provided. However, the inspector found that some of these foods were served as a homogenised mix with all the constituents of the meals mixed together. Different constituents of the meal, such as meat, potatoes and vegetables were not served separately. Consequently residents could not taste each ingredient and the meals did not look appetising. A weight reducing plan had been developed by a dietician for a resident. However, the inspector viewed the file of another resident who had been assessed as being overweight and found that no nutritional care plan had been developed. The inspector was concerned that a resident who was identified as being overweight did not receive any substantial meals between the evening meal at 17.00hrs and breakfast at 10.00am each day. Two cold snacks such as 0% yoghurt and pureed fruit were permitted in the interim.

Staff encouraged residents to participate in some regular light exercises such as taking walks, dancing and gardening.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

Findings:

The inspector found that appropriate and suitable practices were not in place for prescribing, disposal and administration of medicines.

The inspector reviewed medication management practices and found that significant improvement was required:

- a sample of prescription/administration charts viewed did not contain the information required to enable staff to safely administer medications
- medications listed on the prescriptions sheets had not been signed by the GP to verify their accuracy
- the name of the GP was not present on prescription sheets - the addresses of residents were not present on prescription sheets
- discontinued medication was not suitably verified by the GP
- the process for the recording and disposal of unused and out of date medication was not safe and traceable
- a clear and legible prescription was not available for each resident's medication. Staff administered some medication for which there was no suitable guidance. This was in breach of the centres medication policy.

A member of the management team confirmed that the medication management system was being reviewed and that a new system was being introduced to reduce the risk of unsafe medication practices. The medication policy was also being reviewed to reflect this change in system. It was anticipated that the new system and policy would be in effect in the near future.

There was, however, some good practice around medication management. Medications were securely stored and signatures of the staff members administering the medication were clearly recorded. There were colour photographs of each resident available to verify identity if required. Residents were supported by staff to go to the local pharmacy to collect their own medication if they wished to.

All staff who administered medication to residents were suitably trained. It was the practice in the centre for medication to be administered only by staff who had attended medication management training. Staff explained that only staff who had successfully completed this training could administer medication and that one such trained staff was always rostered for duty. Some staff were also trained in administering emergency medication for epilepsy management. One of these staff was also rostered at all times with residents, including for travel of the centre's bus.

At the time of inspection no residents required medication requiring strict controls or medication that required to be administered crushed and there were no residents who self-administered their own medication.

Judgment:

Non Compliant - Major

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that the statement of purpose did not accurately describe the services provided in the designated centre and did not reflect all the requirements of the Regulations in a centre specific manner. In addition, the centre's practices do not reflect the statement of purpose.

For example:

- the statement of purpose did not clearly describe the facilities and services which were provided by the registered provider to meet
- the specific needs the centre was intended to meet.
- the statement of purpose also did not reflect the arrangements and supports available to accommodate residents with behaviour that is challenging
- the statement of purpose did not clearly reflect the times when the service operates and the arrangements for times when the service is not operational
- staff do not consistently operate the service in line with all of the criteria outlined in the statement of purpose. The statement of purpose claims to ensure 'compliance with best practice in relation to the administration of medication'. During the inspection this was not found to be the case and this is further discussed in outcome 12 of this report.

Copies of the statement of purpose, prepared in a clear format, were available in the centre to residents and their relatives.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

The provider had established a clear management structure and systems had commenced to review and improve the quality of service. However, improvement to quality auditing systems was required.

The person in charge worked full-time and was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. She had a good overview of residents' health and support needs and personal plans and was particularly focussed on enhancing communication opportunities for residents. Staff told the inspector that the person in charge was supportive and they could raise any issue with her and it would be taken seriously.

The person in charge was well supported by the organisational structure. She told the inspector that she worked closely with her line manager. She also attended regular meetings with her line manager and other social care leaders in the organisation.

The organisation has recently recruited a compliance manager who had overall responsibility for auditing and improvement of service in the organisation. The person in charge carried out limited auditing in the service, as most of the auditing was carried out at organisational level by the compliance manager and an auditing team. Two audits had been carried out in 2015 to assess compliance with the Regulations and had identified some areas for improvement, including medication management, at both audits. However, time frames or schedules for addressing the required improvements were not identified or agreed in the audits. The findings from the audits were reported to the person in charge. In addition, the inspector found that some issues identified during the inspection such as the disposal of disused medication and fire safety training had not been identified during the audits.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

There were appropriate management systems in place for the absence of the person in charge. The area services manager provided management of the centre in the absence of the person in charge and engaged in administrative duties such as maintaining the duty roster or notifying the Chief Inspector.

The provider nominee was aware of her responsibility to notify the Chief Inspector of any intended absence of the person in charge for more than 28 days.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

There was evidence of adequate resources to ensure effective delivery of care and support. The house was suitably and comfortably furnished and equipped and there were resources to facilitate residents’ occupational and social requirements. Maintenance issues were addressed promptly and at the time of inspection, works were being carried out in the garden to increase the safety of the area and to improve its access to residents.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate for the days of inspection. There were staff present in the centre to support residents when they were there during the day and at night time. Separate staff supported the residents while in the resource centre. However, there were similar staffing levels maintained when additional respite residents with a different range of care needs to the long term residents were also present. This presented a risk that the needs of all residents may not be consistently met.

A range of staff training was organised. Staff stated and training records confirmed that all staff had received training in adult client protection, management of behaviour that is challenging, hand hygiene and manual handling, while some staff were trained in fire safety, medication management, communication techniques, first aid and nutrition.

The inspector found that staff had been recruited, selected and vetted in accordance with the requirements of the Regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 such as suitable references, photographic identification and employment histories.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

Findings:

The inspector found that the records as required by the Regulations were maintained in the centre. However, some improvement was required to recording of residents' health and social care information.

During the course of the inspection a range of documents, such as the residents guide, directory of residents, medical records, accident and incident records, staff recruitment files and health care documentation were viewed and were found to be generally satisfactory.

All policies as required by Schedule 5 of the Regulations were available. However, while all policies were not reviewed during the inspection, the inspector found that the complaints and medication policy required some further development. The complaints policy did not provide guidance to the person on the frequency of complaints auditing and the recording of outcomes of complaint investigations. The medication management policy was adequate to guide and, for example, did include sufficient guidance on disposal of unused medication or on prescribing of medication. At the time of inspection was being reviewed and an updated version was expected to be available shortly after the inspection.

The inspector viewed a sample of files for residents with various health care needs and found that some of the care interventions reviewed were unclear not sufficient to direct the provision of care. Staff had not developed care interventions specific to the care needs of each resident. In a sample of the files viewed care needs were described in assessments and reports from other professionals and staff used this information to guide the delivery of care. As holistic care plans had not been developed the information available was disjointed and difficult to retrieve. Consequently, it was difficult to establish residents care needs from reading some of these files. In addition, the information relating to identification and achieving of residents' goals was not well recorded. While some goals had been identified for each resident at the annual support meeting, progress in meeting these goals was not being consistently recorded.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0001509
Date of Inspection:	13 July 2015
Date of response:	

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The complaints policy did not identify a person to ensure that all complaints are appropriately responded to and recorded.

1. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person

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

nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

Complaints procedure in the designated centre has been updated by the Person in Charge and includes two nominated persons as Complaints Officers who are available to residents, to respond appropriately and record complaints.

Proposed Timescale: 20/08/2015

Theme: Individualised Supports and Care

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

Some complaints in relation to aspects of the service had not been recorded as complaints and were not being investigated in line with the complaints policy.

2. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

With regard to complaints made by relatives in relation to aspects of the service provided to their family members; these complaints have been recorded on the complaints log system as per policy and procedure. In future all complaints will be logged in the designated centre's complaints log system.

Proposed Timescale: 03/09/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Contracts for the provision of services did not accurately reflect the service provided to residents.

3. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

An addendum to the contract of care will be issued to all residents' families/guardians clearly indicating the quantum of service being provided. Along with this, for any resident who has a quantum of service of less than 52 weeks per year and avails of respite, a separate Residential Respite contract of care is being issued.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The policy for respite admissions did not include guidance on the assessment and placement of residents for respite care.

4. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The policy and procedure for respite admissions is being reviewed at organisational level to ensure that it includes guidance on the assessment and placement of residents for respite care. These documents will be presented to Policy Advisory Group for approval and then the policy is presented to Board of Directors for ratification. The policy and procedure will be updated accordingly.

Proposed Timescale: 31/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was no evidence available to verify that the person responsible for this servicing the central heating system had the necessary qualifications.

5. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

There is a process in place to ensure that all contractors meet the regulatory requirements, Senior Management are satisfied that the person responsible for servicing the central heating at this designated centre has the necessary qualifications.

Proposed Timescale: 15/09/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy/procedure did not include guidance on the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

6. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The risk management policy and procedure is under review to ensure that it includes guidance on the arrangements for the identification, recording and investigation of, and learning from serious incidents or adverse events involving residents. These documents will be presented to Policy Advisory Group for approval and then the policy is presented to Board of Directors for ratification. The policy and procedure will be updated accordingly.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

The risk register did not provide sufficient guidance on some risk which was evident.

7. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Risk register is being reviewed to ensure that it is more centre specific and takes account of all risks at the designated centre. Work has commenced on this by the Person in Charge and this will be completed shortly, with the assistance of the Health and Safety Manager of the organisation.

Proposed Timescale: 20/09/2015

Theme: Effective Services

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

The emergency plan did not provide sufficient guidance for staff in the event of a number of some types of emergencies.

8. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The emergency plan has been updated by the Person in Charge to include sufficient guidance for staff in the event of a number of emergencies. This includes further alternative accommodation and emergency transport information.

Proposed Timescale: 25/07/2015

Theme: Effective Services

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

One staff member had not attended fire safety training.

9. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Training completed through online programme by staff member on 11 and 12 August, 2015 with certification now on file. The staff member is also scheduled to attend further fire safety training facilitated by the Registered Provider and being provided by fire safety specialist on 16 September 2015. Interim arrangements have been put in place up to the completion of this training on the 16 September 2015, i.e. staff member is not rostered to work alone and not rostered for night duty.

Proposed Timescale: 16/09/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Suitable care plans had not been developed to guide staff. There was insufficient

information regarding triggers for behavioural issues and the required calming interventions.

10. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

(a)With regard to suitable care plans being developed, as noted below under Outcome 18 – A review of records system, documentation and filing regarding care interventions specific to the needs of each resident is taking place, managed by the Person in Charge. The aim of this is to develop a system whereby one record will contain specific detail to direct and guide the delivery of care which may necessitate specific direction to multidisciplinary reports that cannot be transcribed.

(b)With regard to information on triggers for behaviour issues, behaviour support plans are being reviewed; the process is being managed by the Person in Charge in conjunction with the Psychology Department, to ensure that they contain adequate information regarding triggers for behaviour issues and required calming interventions.

Proposed Timescale: 30/09/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some modified consistency diets were served as a homogenised mix with all the constituents of the meals mixed together. Consequently residents could not taste each ingredient and the meals did not look appetising.

A resident who was identified as being overweight did not receive any substantial meals between the evening meal at 17.00hrs and breakfast at 10.00am each day.

11. Action Required:

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

With regard to modified consistency diet, one resident is on a modified Texture C diet, the resident has been identified through risk assessment as being a high risk of aspiration and the resident has a Swallow Care Plan, developed in conjunction with the Speech and Language Therapist. Measures are being investigated to address the issue of separate constituents in modified consistency meals, for example, use of moulds for serving of food separately. This is being done in consultation with the Speech and Language Therapist with meeting set up for 9 September, 2015.

With regard to the resident on a weight reducing plan devised by the dietician, further communication has been made by the Person in Charge to the dietician on the 17 July 2015. The dietician has responded recommending no change to the resident's plan as she feels it will 'continue to slow her weight loss and further compromise her mobility'. Further assessment by dietician is scheduled to take place by the end of September 2015 and plan reviewed at that stage.

Proposed Timescale: 30/09/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The centre did not have appropriate and suitable practices relating to the ordering, receipt, prescribing, disposal and administration of medicines.

12. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

A valid and up-to-date doctor's prescription is in place for each resident, from which medication is administered.

A comprehensive review of the Medication Policy and Procedure has taken place at an organisational level; the revised policy and procedures are currently being piloted in a number of residential and respite services. On completion of the pilot and following final review, the revised policy and procedure will be rolled out for implementation in all residential and respite services.

Proposed Timescale: 30/09/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not accurately describe the services provided in the designated centre. The statement of purpose did not reflect all the requirements of the Regulations in a centre specific manner.

The centre's practices do not reflect the statement of purpose.

13. Action Required:

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

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

The statement of purpose is being reviewed by the Person in Charge and the Person Participating in Management to ensure it reflects all the requirements of the Regulations in a centre specific manner, and in line with practices in the centre.

Proposed Timescale: 31/08/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Findings from the auditing system were not used effectively to improve the quality of service.

14. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The Service Improvement Planning system in place in the centre is being updated by the Person in Charge and the Person Participating in Management to include results of audits, with timeframes, schedule of actions and continual monitoring to ensure findings are used effectively to improve the quality of service. Findings and learning from audits have been placed on staff meeting agendas as a permanent item.

Proposed Timescale: 31/08/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels in the centre were not adjusted to consistently meet the needs of all residents, when residents with a different range of care needs were present.

15. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the

statement of purpose and the size and layout of the designated centre.

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

Staffing levels are determined on the needs of service users, linked to support levels as per the National Intellectual Disability Database. This is the case for this centre with budget allocation and whole time equivalent determined on this basis. With regard to staffing levels when respite residents are present with a different range of care needs, the staff rota is flexible in that it can be adjusted up/down and reorganised on a daily or weekly basis to accommodate needs of residents, for example, 2 staff on duty some mornings/evenings and 3 staff on duty some mornings/evenings. This allows for flexibility so that it does not have an impact on the care for residents.

Proposed Timescale: 31/08/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The complaints policy did not provide guidance to the person on the frequency of complaints auditing and the recording of outcomes of complaint investigations.

The medication management policy was adequate to guide staff and, for example, did include sufficient guidance on disposal of unused medication or on prescribing of medication.

16. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

(a)The local Complaints Policy has been updated by the Person in Charge to reflect that complaints will be audited every three months by the Person in Charge and the Person Participating in Management.

(b)As noted above under Outcome 12, a comprehensive review of the Medication Policy and Procedure has taken place at organisational level; the revised policy and procedures are currently being piloted in a number of residential and respite services. On completion of the pilot and following final review, the revised policy and procedure will be rolled out for implementation in all residential and respite services.

Proposed Timescale: 30/09/2015

Theme: Use of Information

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

Some of the care interventions were unclear not sufficient to direct the provision of care. Staff had not developed care interventions specific to the care needs of each resident.

Information relating to identification and achieving of residents' goals was not well recorded and progress in meeting these goals was not being consistently recorded.

17. Action Required:

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

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

(a) A review of the records systems, documentation and filing regarding care interventions specific to the needs of each resident is taking place, managed by the Person in Charge. The aim of this is to develop a system whereby one record will contain specific detail to direct and guide the delivery of care which may necessitate specific direction to multidisciplinary reports that cannot be transcribed.

(b) With regard to identification and achievement of resident's goals, the system of recording progress in meeting goals is being reviewed to ensure progress in working towards and meeting goals is recorded with the resident's person centre plan and circle of support action documentation. This is being managed and overseen by the Person in Charge.

Proposed Timescale: 15/09/2015