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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-0004067
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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:
28 July 2015 11:00	28 July 2015 19:20
29 July 2015 09:30	29 July 2015 14:30

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

This was the first inspection of this designated centre which is a two storey house that provides occasional respite on a weekend basis. The centre provides support for a maximum of five residents at any one time.

As part of this inspection the inspector met with residents, staff, the person in charge of the centre and a person participating in management. The inspector reviewed documents including residents’ personal plans, medication documentation, staff files, risk management procedures, emergency plans, equipment servicing records, policies and procedures.

Prior to this inspection the inspector reviewed a questionnaire submitted by a resident's family member. They outlined their overall satisfaction with the service provided.

The person in charge had been appointed to the role in February 2015, he demonstrated competency in relation to his role throughout the inspection. In addition, both the person in charge and the person participating in management demonstrated knowledge of their responsibilities under the Regulations.

There was evidence of good practice in all areas however, some improvements were required under Outcomes 5,8,11,16 and 18. A moderate non compliance was identified under Outcome 1 :Residents Rights Dignity and Consultation in relation to restrictive practices, The inspector also noted that there were some issues relating to infection control which required addressing, this further lead to a moderate non compliance under Outcome 6: Safe & Suitable Premises.

Outcome 7, Health & Safety & Risk Management also received a moderate non compliance. This related to the lack of anti scald devices on electric showers in the centre. A fire compliant door which separated the kitchen from the rest of the centre had a significant gap between it and the floor. This meant in the event of a fire, smoke could escape underneath leading to ineffective compartmentalisation, this required review. Cigarette smoking supervision and risk control measures were not robust and required review.

Outcome 12: Medication Management met with moderate non compliant. The organisation policy for transcribing of medications without an associated medical practitioner signature was not in line with Bord Altranais agus Cnáimhseachais na hÉireann guidelines for transcribing. This also led to a non compliance under Outcome 18: Records and Documentation whereby organisation policies did not provide staff with best practice guidance and direction in relation to medication administration and transcribing practices.

These and other findings are discussed in the report and the actions required are included in the action plan at the end of the report.

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:

Consultation with residents occurred through facilitated regular staff/resident meetings. Residents' financial affairs were robustly managed and activities for residents were suited to their abilities and interests. Residents' rights and dignity were promoted and supported within the centre in the most part. Restrictions in place to manage risk for one resident impacted on the choice, access and autonomy of other residents in relation to food, snacks and use of the kitchen. This required review. Improvements were required in relation to the absence of locks on toilet/bathroom doors in the first floor of the premises.

Bedrooms were personalised to each resident's taste. Residents had space for privacy and contemplation in the centre.

Activities available in and out of the centre were age appropriate and reviewed regularly through consultation with residents, their key worker and family. All residents had opportunities to engage in activities in the day and evening time each week. The person in charge informed the inspector that staff were flexible in working evening times if a resident had an activity they wished to attend and arrangements could be made to support them.

Some residents attended day placements which allowed them to engage in hobbies they were interested in for example, caring for animals and growing fruit and vegetables. Other residents who did not wish to attend day services could avail of one to one activities for example, going on day trips to the city centre clothes shopping.

Residents had opportunities to meet visitors in the centre. A visitor book was maintained

and there was an organisation specific policy and procedures to support this practice as required in Schedule 5 of the Regulations. Residents had opportunities to meet visitors in private if they wished and were facilitated to visit family and friends. During the course of the inspection a resident and a friend visited their Mother who resided in a nursing Home. This happened regularly and the resident enjoyed maintaining this contact.

Residents had their own bank accounts with bank cards and individual PIN numbers. They had inclusion and supported autonomy in accessing banking services as needed. The person in charge outlined how residents' finances were managed in the centre. Each resident's financial records were checked regularly and an up to date ledger maintained for each individual resident with receipts maintained for all purchases.

Added measures for ensuring robust money management included, staff signing in and out if they were using a resident's bank card to make purchases on their behalf. It was also practice that residents would go with a staff member to a cash point if money was being taken out of their account. Some residents wished for their disability allowance to be deposited directly to the post office and chose to carry out their financial affairs through the post office rather than with a bank. This choice was supported.

Residents were not expected to pay subsistence for staff that supported them to participate in activities. This was outlined in each resident's contract of care and also in organisational policies and procedures relating to residents finances.

Residents had access to advocacy services and leaflets from an advocacy service with contact details were available in both residential units.

Two residents had received voting cards for the recent referendum on gay marriage and presidential age. Information was explained to residents in relation to the issues they were voting on.

Policies and supports were in place to ensure residents received consultation about their care and about the organisation of the centre. In an effort to make consultation procedures more centre specific and in an accessible format, in line with residents' age and abilities; the management team had nominated a specific staff member as the nominated complaints officers for them. A photograph of the staff members nominated had been laminated and placed in a prominent position within the unit.

A revised organisational complaints policy was in place. This outlined in detail the steps to be taken when conducting varying degrees of a complaints investigation. Complaints were logged on a computerised system. The inspector was shown an example of how complaints were logged by the area services manager. Complaints and their management were reviewed by an area manager to ensure they were managed in line with organisational policies and procedures and that the complainant was satisfied with the resolution to their complaint.

The inspector reviewed a number of resident meetings which had been held over the previous months. Meetings reviewed had occurred, 28 June and 11 July 2015. Each meeting had minutes which were documented. Some items discussed at the meetings

included, discussions relating to how to make a complaint, meal choices, if they were happy in the centre, the recent referendum. Residents' feedback was documented and taken into consideration in how the house operated. This showed considered consultation and respect for the rights of residents in the centre.

There were some improvements required in relation to aspects of this Outcome. The inspector noted that the communal bathroom and shower room upstairs on the first floor could not be locked to ensure residents' privacy when using those facilities. This was brought to the attention of the person in charge who contacted maintenance during the inspection to address the issue.

There was restricted access to food in the centre. All non perishable food and snacks were kept in a locked cupboard in the dining area. Residents living in the centre were unable to access food and snacks without asking staff for permission. While the risk measure was of paramount importance to mitigate a serious risk for one resident, it significantly impacted on choice options and autonomy of other residents. This required review.

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:

Residents were supported to communicate at all times in the centre. Effective systems were in place that ensured their individual needs were met.

The organisation had a communication policy. The policy set out to address the total communication needs of residents. It outlined an approach to be used that created successful and equal communication between people with different language perceptions and/or production. Residents requiring supports had been assessed by the speech and language therapist (SALT) and recommendations were documented in their personal plans relating to the SALT review.

Residents that required specific communication supports had an individualised communication profile in their personal plan. Some residents that could read had access to a daily newspaper. Televisions and radios were also available for residents to use in the centre.

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 had links with their local community. Some residents had lived in their residential setting for many years and had a presence in the locality, for example, residents regularly visited the nearby shops, cafes and restaurants. Family links were encouraged also. Residents were supported to visit family members, for example a resident visited their family member in a Nursing Home. This regularly occurred and helped the resident to maintain an important family connection. The visitors' book also documented visits to the centre by some family members.

Residents' families attended 'circle of support' meetings and were involved with decisions relating to residents lives. Visiting was unrestricted and encouraged. Some residents visited their friends who were in other designated centres throughout the organisation also.

The person in charge had liaised with the local fire brigade in relation to reviewing fire evacuation procedures for the centre. They had arranged that a fire truck and fire fighters would attend the centre and speak with the residents in relation to fire safety and evacuation. The person in charge had also contacted the local Garda Siochana station to give them missing person profiles for each resident which is kept on file in the event a resident could go missing. This was evidence of community inclusion of residents.

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:

All residents had a contract of care which dealt with the support, care and welfare of the

resident. It included details of the services to be provided for that resident and the fees to be charged.

An addendum had been also added to the contracts of care which further set out information in relation to other matters which gave residents and their families' further clarification on fees the resident may incur.

Residents attending the centre on a respite basis also had a contract which pertained to the terms and conditions of their stay and the fees they incurred during their stay.

Judgment:

Compliant

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):

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

Findings:

Residents social care needs were found to be well met on this inspection. Each resident's well-being and welfare were documented in their personalised folder which included information about their backgrounds and their personal goals for the current year. Person centred planning and 'circle of support' meetings formulated the goals for residents based on their interests, abilities and identified needs.

From a sample of resident's personal plans reviewed they were found to be individualised and person centred. There was evidence of multi-disciplinary input documented in the resident's files. These included psychiatry, psychology, speech and language therapy (SALT) and dietetic reviews.

However, it was difficult to ascertain if the recommendations from the reviews and prescribed care had been put into action as there were no associated 'care plans' which outlined how staff implemented them for example, dietetic interventions. This required review.

There were opportunities for residents' to participate in meaningful activities appropriate to their interests and capabilities. Some residents attended a day activity service provided by Ability West Organisation.

Some goals identified in the sample of plans reviewed included going on holidays for a weekend, attending vintage rallies, going to a pet farm, visiting family members and visiting their family home. There was evidence to indicate residents had achieved a number of goals identified. This was in one instance in the form of a person centred plan which had colour photographs of the activities the resident had achieved. Person centred goals were reviewed at least annually. Residents' families were actively involved in personal planning meetings for residents.

All residents had a copy of their plan in an accessible format, generally located in their bedroom.

Judgment:

Substantially 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):

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

Findings:

The location, design and layout of the centre were suitable for the needs of residents as set out in their personal plans and statement of purpose. However, a shared bathroom on the first floor required review to ensure it was of contemporary design and could meet the changing needs of residents as they aged. This required review. On the second day of inspection, the inspector noticed a very strong smell of urine in the back garden in and around the 'smoking shed'. While the premises for the most part was kept clean this posed an infection/pest control hazard and required review.

Overall, the inspector found the centre to be a comfortable, clean, spacious pleasant place for residents to live in. There was on small living room with comfortable furnishings. While it was small it met the specific needs of the residents. Residents spoken with said it was 'big enough' for them.

Records were available to indicate that equipment in the centre had been serviced as required. Logs to the organisation's maintenance manager, by the person in charge, showed evidence of prompt actions by the person in charge in response to premises issues identified at any given time. During the course of the inspection, the person in charge logged a maintenance issue to address an issue with the temperature of water in some taps. This is further discussed in Outcome 7.

There were adequate laundry facilities within the centre. It was supplied with a washing machine and dryer. Residents' clothes could also be dried outside as another option.

There were suitable arrangements for the safe disposal of general and clinical waste when required.

Residents' bedrooms had adequate space for furniture and personal belongings. The centre had a good source of natural and artificial light throughout. The decor and furnishings were modern and tasteful in most parts, with exception of the shared bathroom on the first floor which required review to ensure it was of contemporary design and could meet the changing needs of residents as they aged.

The external grounds appeared clean and well maintained. The garden space to the rear had been recently renovated and provided residents with a very pleasant space to use. Some residents smoked. A gazebo type 'smoking shed' had been provided to them with chairs and a fire compliant container in which cigarettes could be extinguished safely. However, on both days of inspection, particularly on the second day, the inspector noted a strong smell of urine emanating from the smoking shed and outside it. This was confirmed by the person participating in management. This required review. An action related to this was given relating to the cleanliness of the premises. A further action has been given under Outcome 7, Health & Safety & Risk Management relating to infection control.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The health and safety of services users, visitors and staff was adequately provided for in the centre. While residents were not at any immediate risk some improvements were required to enhance health & safety systems in the centre.

The inspector was not satisfied that cigarettes were safely disposed of after smoking. One fire compliant door was ineffective to contain smoke and required review. A thermostatic control to prevent risk of scalds was not in place for an electronic shower used by all residents. The inspector identified an infection control issue during the inspection which is also outlined in Outcome 6; Safe & Suitable Premises.

Potential risks and hazards in the centre were documented in a 'risk register'. This identified and documented potential risks. Each documented risk had an assessment of the level of risk and risk reduction strategies documented. Individual risk assessments were in place for each resident as required and maintained in their personal plan. Not all risks had been identified however and these are further outlined below.

Carbon monoxide monitors were used in the centre and tested with checks documented.

Organisational policies and procedures contained the matters as set out in the regulations relating to self harm, aggression and violence, accidental injury and unexpected absence of a resident. An emergency management policy with procedures was in place also to direct staff in the event of such an event, for example, power outage, flooding.

The fire alarm system had been serviced on a quarterly basis with the most recent 24 April 2015. Keys in fire compliant units were located at each door which required a key to open it. Displayed fire evacuation procedures were detailed and specific to the centre.

There was an up to date record of fire drills. Fire drills had been carried out February and May 2015. Issues of concern were documented after completing fire drills, for example, if a resident refused to participate. Plans were put in place to address these issues as they arose. Each resident had an individualised personal evacuation plan that documented the type of assistance they would need during an evacuation of the centre. Fire extinguishers had last been serviced in May 2014 and required an annual service.

Staff spoken with indicated what they would do in the event of a fire, demonstrating knowledge of compartmentalisation and an understanding of using the fire doors within the premises to contain a fire. However, one fire door which separated two zones was not adequate. There was a gap of approximately 7mm from the door to the ground which would allow smoke to travel to other parts of the centre in the event of a fire. This meant the door was not effective. This required review.

Further risk reduction measures in relation to fire prevention were necessary. These pertained to ensuring cigarettes were extinguished in safe places. The inspector found a number of cigarette butts which had been extinguished on the ground in the back garden. She also observed two cigarette butts in a resident's bedroom bin. This was brought to the attention of the person in charge who undertook to implement strategies to mitigate these risks but ongoing supervision and actions to address these risks were required.

As mentioned in Outcome 6; Safe & Suitable Premises, the inspector noted there was an infection control issue related to a strong smell of urine found in and around the smoking shed located in the back garden. This was noted on both days but more particularly on day 2 of the inspection. Robust infection control measures were required to mitigate risk of infection or pest infestation for this area of the premises.

Thermostatic control measures were in place on all taps however, the temperature of the tap in the downstairs toilet was very hot and the thermostatic control unit required maintenance. This was addressed by a plumber whom the person in charge contacted during the inspection. They checked all taps and adjusted thermostatic units to ensure water temperatures were 43 degrees. This addressed the issue found by the inspector. However, the communally used shower did not have any thermostatic control measure in place and this required review to mitigate the risk of scalds to residents.

Judgment:

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):

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

Findings:

Measures were in place to safeguard residents and protect them from abuse. There was a policy and procedures for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse. Behaviour support plans required review to ensure they outlined procedures in place to manage behaviour that is challenging in a user friendly format. Restrictive practices in place for one resident impacted on the rights and choices of other residents.

Staff working in the centre had received training in the prevention, detection and response to abuse. Refresher training was also available to staff to ensure their skills and knowledge was maintained and up to date. There were no allegations of abuse under investigation at the time of inspection.

There was a policy and procedures in place for the provision of intimate care and residents had individual intimate care plans which identified the supports residents required with a focus on maintaining residents' independence and enhancing self help skills as much as possible.

The person in charge had a qualification in applied behaviour analysis and had worked on a voluntary basis in the psychology department of the organisation at an earlier stage carrying out behaviour assessments and drafting behaviour support reports.

Staff working in the centre had received training in the management of behaviours that challenge and de-escalation techniques using a 'low arousal' model. The inspector reviewed a behaviour support plan for a resident. It had most recently been reviewed 8 December 2014. It outlined a detailed assessment and overview of identified causes and 'triggers' which led to behaviours that challenge occurring.

The inspector observed 'low arousal' behaviour support strategies implemented during the course of the inspection and found them to be supportive and person centred. However, documented guidance for staff in how to carry out supportive interventions

that worked for the resident were not clearly defined or documented in a user friendly format that staff or family members would be able to implement.

Restrictive practices were in use in the centre as outline in Outcome 1. These were reviewed regularly and in relation to the resident they were in place for, they were justified for the risk they mitigated, i.e. prevention of choking. However, they had an impact on the rights and choices of other residents living in the centre and an action in relation to this is given in Outcome 1.

Judgment:

Substantially 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:

A record of all incidents occurring in the centre was maintained and where necessary notified to the Chief Inspector. The inspector reviewed incidents and accidents documented in the centre and found that incidents requiring notification had been submitted to the Authority as per the regulations.

The person in charge and person participating in management demonstrated knowledge of their regulatory responsibility in regard to notifiable events.

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):

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

Findings:

Residents' general welfare and development needs were supported in the centre. 'Circle of support' meetings and a person centred planning process were some of the methods used to establish residents' educational, employment and personal development goals.

Residents had opportunity to attend personal development activities suited to their interests and capabilities, for example day services, training centres or employment. Residents engaged in social activities within and out of the centre. Most residents had an interest in farming, farm machinery and vintage cars and there was evidence to show they were supported to engage in these past times.

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):

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

Findings:

Resident's health needs were met to a good standard in the centre. Residents' healthcare needs were assessed by allied health professionals and the care provided met their needs.

Residents had access to GP services and there was evidence to show appropriate treatment and therapies were in place to address their health issues. Residents had also received assessment and intervention recommendations to meet their needs from physiotherapy, occupational therapy and recommendations from the diabetic clinic.

There was adequate space for food preparation and storage of fresh and frozen produce in the centre. Colour coded chopping boards were in use to ensure raw meat and fresh vegetables were not chopped using the same board, for example, as a measure to reduce food contamination. Instructions were available to staff to indicate where foods should be stored in the fridge and how frozen goods were thawed.

Cupboards in the kitchen however, did not store any produce or condiments. These were stored in a locked press in the dining area. While there were adequate stocks to prepare meals the inspector observed there was an environmental impediment which staff had to navigate when preparing snacks and meals for residents.

Residents' weights were regularly monitored, body mass index was calculated and a nutritional risk assessment was carried out each time to identify nutritional risk for residents which would alert staff to refer the resident for dietetic review if necessary.

The inspector noted that while residents had received good review and recommendations from allied health professionals there were no associated care plans drawn up which outlined how staff implemented the recommendations in a person centred way to each resident. This required review.

<p>Judgment: Substantially Compliant</p>

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

Findings:
Overall the inspector found medication management met with compliance in some areas however, there were some practices relating to the transcribing of medications that were not in line with Bord Altranais agus Cnáimhseachais na hÉireann guidelines for transcribing. While medications were securely stored in locked storage unit the unit that stored the keys for the medication press were not securely stored as lock on the door of the unit was broken. This required review.

Residents requiring crushed or modified consistency medications were prescribed such in liaison with resident’s GP and pharmacist. Staff working in the centre had completed medication management training with evidence of refresher training in staff records. There was evidence to show residents with swallowing difficulties were prescribed medications in a liquid format.

The person in charge had written up support strategies for staff to implement in relation to the administration of medications to residents living in the centre. Each resident had their own unique way in which they liked to receive their medication. These documented support strategies meant residents rarely refused their medication which in turn lessened the likelihood for medication non compliance which would impact on residents' physical or mental health. This was evidence of good medication management practice in a supportive, person centred manner.

Copies of residents' prescription were kept in the centre and prescriptions were transcribed by staff to prescription administration charts which the inspector noted to be clearly written and accurately maintained. However, medication administration charts were not signed by the resident's prescribing GP/Doctor.

Judgment:
Non Compliant - Moderate

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:

There was a written statement of purpose that described the service provided in the centre.

The services and facilities outlined in the Statement of Purpose, and the manner in which care was provided, reflected the diverse needs of residents.

Judgment:

Compliant

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):

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

Findings:

The person in charge was a suitably qualified person with relevant experience commensurate to his role. The person participating in management of the centre was equally a suitably qualified person with experience and knowledge commensurate to his role. Both persons had good knowledge of residents.

The person in charge received supervision and support from the area service manager. They assisted the person in charge and inspector during the course of the inspection and demonstrated a good knowledge of the running of the centre and regulations. They demonstrated a good understanding of organisational policies, procedures and regulatory responsibilities.

The person in charge worked in a full-time post. These hours included allocated administration time with the rest of the time working on roster along side residents and staff which allowed the person in charge to observe practices and engage in a meaningful way with residents. They had engaged in ongoing continuous professional development having recently completed a management course related to supervision of people. As also outlined in Outcome 8, Safeguarding & Safety, they had a Msc in Applied

Behaviour Analysis. They demonstrated a keen willingness to address issues as they arose during the inspection.

Unannounced and announced visits from the provider and persons nominated by the provider had occurred in the centre with documented evidence of the outcomes of the visits and issues of compliance and non-compliance found and acted on if necessary.

The visitor's book showed documentary evidence of the provider nominee visits to the centre. Equally the area manager (PPIM) had visited the centre regularly and this was not isolated to the lead up to the inspection. The inspector found this as evidence of good oversight and governance from a higher level management for the centre in support of a recently appointed person in charge.

A number of audits of the centre had been carried out. The person in charge carried out audits of medication, incidents, fire safety and equipment in the centre. The provider nominee reported to the board of management for Ability West Organisation on a regular basis.

Judgment:

Compliant

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.

The person in charge had not been absent from the centre 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:

The centre was suitably resourced to meet the needs of residents'. Staffing resources and skill mix were based on the assessed needs of residents.

However, the inspector observed the person in charge had difficulty accessing an internet connection which allowed them to connect to the organisation's electronic incident and accident logging system, for example. The connection was slow and at times unstable. This was an issue as some incidents had not been recorded on the electronic system at the time they occurred and had been documented on a hard copy. There had been some occasions where there was no internet connection and no incident recording book that an incident had to be recorded in the communication book until the system was up and running again.

The inadequate internet service for the centre impacted on the person in charge carrying out their regulatory functions and also their responsibility as person in charge and required review.

Judgment:

Substantially 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):

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

Findings:

The inspector was satisfied there was enough staff working in the centre during the two days of inspection, they also reflected the numbers indicated on the statement of purpose for the centre. The person in charge maintained a planned and actual duty roster.

Staffing numbers and skill mix were appropriate to resident's assessed needs. Staffing in the centre was allocated for times when residents were in the centre. There were also allocated a sleep in staff to meet the needs of residents. Of all staff observed and spoken with during the course of the inspection, they demonstrated a good understanding and knowledge of the residents they supported and the care interventions prescribed for them. Some residents had built up a rapport and friendship with residents which the inspector observed to be respectful, supportive and jovial in equal measure. Residents spoken with were complimentary of staff working in the centre.

A sample of staff files were reviewed as part of the inspection, staff files reviewed met the requirements of Schedule 2 of the regulations. Training records in staff files indicated ongoing staff training in areas relevant to the matters set out in the statement of purpose and to meet the needs of the residents. Staff working in the centre had received medication management training, fire safety, manual handling, non-violent crisis intervention training and client protection

Judgment:

Compliant

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):

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

Findings:

Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to residents, staff and visitors.

The centre had all of the written policies as required by Schedule 5 of the Regulations.

There was a guide to the centre available to residents which met the requirements of the Regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for resident involvement in the running of the centre, how to access inspection reports, the procedure for respecting complaints and the arrangements for visits.

The organisation medication administration policy had been reviewed to ensure it provided best practice guidelines relating to the transcribing and administration of medication. However, at the time of inspection the previous policy and procedures were in place and therefore a non compliance was given for this outcome.

Judgment:

Substantially Compliant

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-0004067
Date of Inspection:	28 July 2015
Date of response:	21 August 2015

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 communal bathroom and shower room upstairs on the first floor could not be locked to ensure residents' privacy when using those facilities.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

A thumb lock is now fitted to bathroom door.

Proposed Timescale: 14/08/2015

Theme: Individualised Supports and Care

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

Residents living in the centre were unable to access food and snacks without asking staff for permission. While the risk measure was of paramount importance to mitigate a serious risk for one resident, it significantly impacted on choice options and autonomy of other residents.

Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

As indicated by the Inspector, these safeguards were put in place to safeguard one particular resident and these are due to be reviewed by the Human Rights Committee on 03/09/2015. A multi-disciplinary team meeting is being organised to review the suitability of this resident within this designated centre.

Proposed Timescale: 30/11/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

It was difficult to ascertain if the recommendations from the reviews and prescribed care had been put into action as there were no associated 'care plans' which outlined how staff implemented them for example, dietetic interventions. This required review.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

A dietary plan has been drawn up and implemented on an individual basis. A specific shopping list has also been drawn up and is on display. Foods, vitamins and other special dietary requirements are being bought weekly or as required if sooner. All dietary recommendations are being implemented as per plan and are recorded in a Food Diary. MUST/BMI are also being recorded every month on an individual basis. The Person in Charge is now implementing a schedule of care at the front of each

residents' care plan. This will highlight the schedule of health care needs for each resident and ensure all appointments are kept.

Proposed Timescale: 21/08/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The shared bathroom on the first floor required review to ensure it was of contemporary design and could meet the changing needs of residents as they aged.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

A referral has been submitted to Occupational Therapy to review the needs of the residents and make recommendations as to suitable layout, etc. When this report is to hand any necessary improvement works will be considered. The organisation's ongoing Residential Review also informs this process.

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

On both days of inspection and particularly on the second day, the inspector found a very strong smell of urine emanating from the smoking shed and outside it.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The area in question has now been sanitised and the cleaning schedule has been updated to avoid reoccurrence.

Proposed Timescale: 14/08/2015

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 communally used shower did not have any thermostatic control measure in place and this required review to mitigate the risk of scalds to residents.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The shower in question has been used by residents in this designated centre for the past number of years. The Person in Charge has now carried out a risk assessment to identify any risk of scalding with the residents in question. This will be reviewed on an ongoing basis or as the needs of the residents change.

Proposed Timescale: 21/08/2015

Theme: Effective Services

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

Robust infection control measures were required to mitigate risk of infection or pest infestation for this area of the premises.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The area in question has now been sanitised and the cleaning schedule has been updated to avoid re-occurrence.

Proposed Timescale: 14/08/2015

Theme: Effective Services

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

One fire door which separated two zones was not adequate. There was a gap of approximately 7mm from the door to the ground which would allow smoke to travel to other parts of the centre in the event of a fire. This meant the door was not effective.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

We have referred this issue to our Architect and Fire Consultant (both external) and they have advised that while there is no standard for the distance between the base of the door and the floor, the norm would be in the range 0mm-10mm and in exceptional circumstances where a high level of ventilation is required, the gap may be as high as 15mm.

Proposed Timescale: 03/09/2015

Theme: Effective Services

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

Further risk reduction measures in relation to fire prevention were necessary. These pertained to ensuring cigarettes were extinguished in safe places. The inspector found a number of cigarette butts which had been extinguished on the ground in the back garden and two cigarette butts were also seen in a resident's bedroom bin.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The resident who smokes is now supervised outside when smoking and when he is finished, staff ensure he places the cigarette butt in the cigarette disposal unit. The area has been made safe by providing Perspex protection around the area deemed to be a risk when smoking near. The resident does not have cigarettes on his person. The resident's cigarettes are kept in the office and the resident asks to have access to only one at a time. Risk Assessments are in place and updated. Smoke Alarms are also in place in bedrooms and are part of monthly Fire Protection Checks. The resident's room is checked twice daily during cleaning of house as part of rota.

Proposed Timescale: 07/08/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Documented guidance for staff in how to carry out supportive interventions that worked for the resident were not clearly defined or documented in a user friendly format that staff or family members would be able to implement.

Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

New, updated, day to day accessible behaviour support guidelines have been drawn up and implemented with staff sign-off. Additionally, an individualised Communication Care Plan has been implemented for an individual with communication difficulties.

Proposed Timescale: 31/08/2015

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:

The inspector noted that while residents had received good review and recommendations from allied health professionals there were no associated care plans drawn up which outlined how staff implemented the recommendations in a person centred way to each resident.

Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

A dietary plan has been implemented and drawn up and recorded on an individual basis. A specific shopping list has also been drawn up and is on display; this was developed on foot of the Dietician's recommendations and is on an individual basis. Foods, vitamins and other special dietary requirements are bought weekly or sooner if required for some individuals. All dietary recommendations are being implemented as per plan and are recorded in a Food Diary. Weight/MUST/BMI are also being recorded every month on an individual basis. Diet and food is now part of the agenda at weekly House and Monthly Team Meetings. A visual display of foods is available in the dining room along with a visual menu.

Proposed Timescale: 21/08/2015

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:

Medication administration charts were not signed by the resident's prescribing GP/Doctor.

The policy for medication administration required review as it did not set out that administration charts should be signed by a resident's GP before staff could administer from them.

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 new policy has been developed on Medication Management. The new policy removes the risk of transcribing. The MARS sheets are produced by the Pharmacist and are being countersigned by the GP.

In relation to safeguarding and safety, the new policy directs the Person in Charge to carry out monthly checks. A peer review will also be carried out bi-monthly to ensure

compliance.

The medication audit will ensure that all members of the inter-disciplinary team are involved. The aim of the audit shall be to consider and identify contraindications, problems with safe administration of medication and medication interactions.

The Person in Charge commenced implementation of the new policy on 19/08/2015 and this will be fully implemented by 16/10/2015.

Proposed Timescale: 16/10/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The inadequate internet service for the centre impacted on the person in charge carrying out their regulatory functions and also their responsibility as person in charge and required review.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

We have consulted our internet provider. As previously indicated to the Inspector, an improved service will be provided to the designated centre by 30/09/2015.

Proposed Timescale: 30/09/2015

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 organisation medication administration policy had been reviewed to ensure it provided best practice guidelines relating to the transcribing and administration of medication. However, at the time of inspection the previous policy and procedures were in place.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

A new policy has been developed on Medication Management. The new policy removes the risk of transcribing. The MARS sheets are produced by the Pharmacist and are

being countersigned by the GP.

In relation to safeguarding and safety the new policy directs the Person in Charge to carry out monthly checks. A peer review will also be carried out bi-monthly to ensure compliance.

The medication audit will ensure that all members of the inter-disciplinary team are involved. The aim of the audit shall be to consider and identify contraindications, problems with safe administration of medication and medication interactions.

The Person in Charge commenced implementation of the new policy on 19/08/2015 and this will be fully implemented by 16/10/2015.

Proposed Timescale: 16/10/2015