

**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-0001495
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Nan Savage
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:
26 August 2015 08:45	26 August 2015 18:20
27 August 2015 09:45	27 August 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

As part of the inspection, the inspector met with residents, staff, and the management team, observed practices and reviewed documentation such as personal plans, medical records, policies and procedures. This centre provided residential and respite services.

There was evidence of a high level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Residents' communication support needs were promoted and residents' health needs

were regularly reviewed and met. Staff supported residents to maximise their independence. Residents participated 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 develop new skills. Residents had good access to their local community due to the location of the centre and supports put in place by management and staff.

The provider and management team had taken measures to protect the safety of residents. There was a committed staff team lead by an experienced and competent person in charge. The person in charge and staff demonstrated an in-depth knowledge of residents' needs and preferences.

The centre had a hospitable atmosphere, was suitably furnished and maintained in a clean and hygienic condition.

Improvement was required to aspects of medication management documentation, health and safety and risk management. The statement of purpose did not comply with all the requirements of the regulations. These non compliances are discussed in the body of the report and included in the action plan at the end of this 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Adequate measures were in place to respect residents' privacy and dignity and enable them to exercise choice and control over their life in line with preferences and to maximise independence. An effective complaints process had been implemented and residents that communicated with the inspector were very complimentary of the service provided. For example, one of the residents told the inspector that s/he was very happy living in her home and had no complaints.

A required action from the previous inspection that related to the inappropriate storage of some residents' personal information had been addressed.

Residents were consulted in how the centre was run and there was evidence that daily happenings in the centre were focused around the resident's needs and expressed wishes. The inspector found many examples of how residents were involved in the running of the centre. This included making decisions about their own meals and doing household tasks. There were regular residents' meetings which enabled residents to make plans and discuss matters of importance to them.

The inspector read a sample of these minutes and found that any feedback given by residents had been taken on board by the person in charge and used to inform the running of the service. The inspector read that residents' meetings were also used by staff to provide interactive educational sessions on subjects as bullying, fire safety and evacuation.

Residents were actively involved in household activities as they wished such as shopping, taking care of their own bedroom, doing their own laundry and food

preparation. The inspector saw that some residents really enjoyed completing specific household tasks and staff supported these residents to complete them, if required. Additionally, the residents were involved in purchasing items for the centre such as choosing furnishings.

Residents' rights were promoted and supported by the provider, person in charge and staff. The inspector saw that an interactive user friendly version of the residents' charter of rights was displayed in the centre. One of the residents showed this to the inspector.

The centre had a complaints management system in place, which included a complaints policy and procedure that met the requirements of the Regulations. The complaints policy provided guidance on the management of complaints. The complaints procedure was written in a legible format, including pictures and photographs, and was designed to be clear and accessible to both residents and their families. This procedure was prominently displayed in the entrance hallway. Any complaints received were recorded in a complaints log book and on a computerised system.

The inspector found that there had been a small number of complaints received and that any issues raised had been appropriately responded to and resolved by the person in charge.

Staff engaged with residents in a respectful and kind way that also supported the dignity and privacy of the resident. Intimate care plans were in place that guided staff with residents' personal care needs and provided protection for the resident from any risk during the delivery of intimate care. Private information that related to residents was safely stored to ensure confidentiality and data protection.

Residents' belongings were respected and safeguarded. Each resident's bedrooms was personalised with important photographs, pictures and individual belongings that had meaning to the resident. There was a lockable space in each bedroom, in which residents could store personal belongings. Residents also had adequate space to store their personal belongings including clothes. Some residents' bedrooms were used for respite at weekends. Controls were in place to ensure residents' belongings and personal effects were stored safely during this time.

The person in charge and staff demonstrated comprehensive knowledgeable of residents' needs and wishes and this corresponded with information and guidance that was documented in the care plans and recorded into the daily records.

Residents had access to the organisational advocacy service and external advocacy was available through the national advocacy service. The person in charge and staff also acted in an advocating role for residents, if required. Information regarding advocacy service was readily available to residents in the centre.

Residents' civil and religious rights were respected. Residents were registered to vote and could attend the local polling station if they chose to do so. The inspector was informed that at different times all residents had chosen to exercise their right to vote. At the time of inspection, Roman Catholicism was the only religion being practiced in the centre. There was a church in the locality which residents could visit and supports were

in place to facilitate residents to attend religious services.

Judgment:

Compliant

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):

Findings:

Appropriate systems were in place to support and assist residents to communicate. The inspector found that the person in charge and staff responded effectively to the communication support needs of residents.

Communication systems that were in use included sign language (Lámh) and a picture exchange system (PECS). The person in charge described how communication aids and appliances available to residents would continually be reviewed to support residents to communicate. Each resident had a communication book that was updated daily by both staff working in the centre and day service. The inspector noted that staff completed entries in the book with the resident and used it as an opportunity to discuss what was planned for the day.

Communication profiles had been completed and maintained in each resident's personal plan. The profile identified the most appropriate communication techniques for the resident. Speech and language therapy had been utilised to assist in the development of tailored plans for residents, when required. For example, following a recommendation from the (SALT) speech and language therapist, a 'chat book' had been commenced for one of the residents. This book was designed to provide additional support for this resident who needed a prompt for conversation. Staff and management spoken with were very knowledgeable on specific communication strategies that were in use with each resident.

One of the staff had been appointed communication champion and had completed specific training in this area. The inspector met with this staff member and found that s/he had responsibility for developing communication tools used and supported other staff in the implementation of new communication techniques. At each staff meeting she also discussed and staff practiced new Lámh signs that were being introduced.

A range of relevant information was displayed in accessible format on the notice boards, reception area and in residents' bedrooms including the Residents' Guide, parish news

and coloured pictures of staff on duty during each shift. The inspector also noted that the notice board in the kitchen displayed lots of social information regarding upcoming events. This included discos that residents told the inspector about and notices of local community events and other entertainment news. Organisational news was also displayed and the recent edition included a nice article on one of the residents.

All residents had access to radio, televisions, telephone including mobile phones, postal service, newspapers and magazines. The inspector noted that one of the residents enjoyed listening to 'Radio Na Gaeltacht', the Irish radio station while another resident had attended a workshop on the use of mobile phones.

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):

Findings:

Residents were supported to develop and maintain personal relationships with their families and friends. Each resident were encouraged and supported to interact in the local community in a manner that was safe for them.

The inspector noted that there were positive family supports. For example, residents had the opportunity to visit family and friends, attend family gatherings and holidays. Some residents commented to the inspector about how they enjoyed going to stay with family and attend family gatherings. Residents also spoke about their friends and described how they were facilitated to meet friends.

The person in charge and staff confirmed that there was an open visiting policy. The person in charge and residents ensured that a log of all visitors to the centre was maintained. The inspector noted that one of the residents took particular pride in their visitors' book. There was sufficient space within the centre for residents to meet visitors in private, if they wished. Residents also visited and stayed with family members regularly. Each resident was supported by staff to identify important people in their lives and this information was used to develop a social network.

Records were maintained that demonstrated residents and family were very involved in the residents' annual assessment goal setting. Families were encouraged to take part in residents' 'circle of support' meetings and case review meetings. Detailed minutes of

these meetings were maintained and showed that there were discussions on the residents' condition, needs and any agreed plans around areas relevant to the resident's life and well-being. Families were kept informed and updated with any changes, where applicable.

Residents attended day services and support groups each weekday where they had the opportunity to meet with and socialise with friends. Some of the residents described what they did at the day service and how they enjoyed spending time with their friends.

Residents were supported to attend a range of outings including the cinema club, entertainment events, dining out in local restaurants and pubs, and participate in a variety of leisure activities including swimming and bowling. Residents frequently visited the shops and facilities in the nearby town and also went on bus trips.

Residents took part in a variety of community events and were members of different groups and society's which assisted them in getting to know new people. This included membership of the library, bowling club, a friendship club and organised charity walks. Staff had also supported residents to build up good relations with their neighbours and the inspector noted that one resident's volunteer lived close by.

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):

Findings:

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

Contracts for the provision of services were agreed with each resident. The inspector reviewed a sample of contracts and found that they dealt with the services to be provided and the fees to be charged, including the details of additional charges.

However, the inspector read that there was some contradictory information recorded in the contract of care and a letter that was sent to residents' families in January 2015. This related to the payment of staff meals. Prior to the completion of the inspection, the area manager forwarded the inspector an amended letter that was going to be sent to

families.

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):

No actions were required from the previous inspection.

Findings:

Residents' social well-being was maintained by a high standard of care and support. Residents' individual needs and wishes were assessed and used to inform personal planning. Residents were facilitated the opportunity to engage in interests suitable to their individual preferences both within the centre and in the community.

The inspector reviewed a sample of residents' files and noted that each resident had personal plans which detailed significant information about the residents' backgrounds, likes/dislikes and people important in their lives. The plans were developed in consultation with the resident/representatives and set out each resident's individual needs, life goals, personal outcomes which were kept under review.

Residents had access to a user friendly version of their personal plan which was kept in their bedroom. One of the residents showed the inspector their plan and spoke about some of the goals that had been successfully achieved such as completing a tour at Croke Park and one that was planned which was arranging a possible trip to see his/her favourite soccer team play.

Residents were supported by staff to access a range of meaningful activities both within the centre and in the community that were suitable to the residents' interests and preferences. This included 'Be our guest' which was a social event held in the residents' home, arts and crafts, the cinema and community events such as festivals and parties. Residents were also facilitated access to and appeared to enjoy a number of social and therapeutic activities including, individualised therapy, shopping, day trips and walks. The inspector was also informed of other events that were at the planning stage including 'come dine with me'.

There were many examples of where residents were supported to be independent and develop skills within the home or learn leisure skills. The inspector noted that the way in which the person in charge and staff supported residents demonstrated their understanding of each resident and their individual needs.

There was evidence that appropriate supports were in place for residents to ease their transition between services. Residents were supported when attending appointments by the person in charge and staff. Each resident had an individualised document called the 'hospital passport' that accompanied the resident on admission to general services. This document included important information about the resident such as any known allergies, communication requirements and their medical history.

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):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre had not changed since the previous inspection in August 2014 and continued to meet residents' needs. The centre was well located and this provided residents with excellent opportunity to access to their local community.

There was adequate communal and private space for residents with a nice garden for residents to use located at the back of the house. Rooms were suitably sized to meet resident's needs and there was adequate storage for resident's belongings. Residents with reduced mobility had access to ground floor bedrooms with an adapted accessible en suite facility. There were also sufficient numbers of toilets and bathing facilities.

The centre was comfortable, warm and there was a variety of furnishings. There was adequate natural and artificial lighting.

The centre was kept in a good condition both internally and outside. There were evidence of ongoing maintenance and some areas of the centre had been planned for repainting.

The centre was maintained in a clean condition and adequate infection control measures were in place.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Health and safety of residents, visitors and staff was promoted and protected although some improvement was required in one area of risk management. A minor action that had been identified on the previous inspection had been addressed. This related to the daily cleaning schedule.

There was a risk management system that included an organisation and centre specific health and safety statement, risk management policy and risk register. The risk management policy was not reviewed on this inspection as it had been reviewed on the previous inspection and no issues were identified.

Hazard identification and risk assessment had been completed for a range of hazards. The inspector noted that systems were in place for the regular review of risk and read that these assessments had been recently reviewed by the person in charge in August 2015. The inspector noted that appropriate control measures had been implemented in most areas.

In addition to environmental risks, individual risks specific to each resident were identified and control measures documented in residents' personal plans. The inspector viewed a sample of these plans and found that they contained detailed guidance for staff to promote the health and safety of residents. The person in charge also maintained a centre risk register that was reviewed on a quarterly basis.

The inspector reviewed fire safety arrangements in the centre and identified an issue that did not promote the safety of all residents. The inspector noted that sections of intumescent strips on some fire doors had been painted over and this had the potential to impact on the effectiveness of these doors in the event of a fire. During the inspection, the person in charge contacted relevant personnel within the organisation to address this potential risk.

Other adequate fire safety measures had been taken. There were up to date servicing

records for all fire fighting equipment and the fire alarm system. Documented internal fire safety checks of fire safety systems were completed and included daily, weekly and monthly.

All staff had received formal fire safety training and regular fire drills took place that involved residents and staff. Individual evacuation plans had been developed for each resident. Staff who spoke with the inspector confirmed that they had attended fire training and outlined clearly what to do in the event of a fire. Additionally, fire safety instructions were also displayed in the centre.

There was an emergency plan in place which guided staff on what to do in the event of different types of emergencies. In addition, the plan detailed arrangements for emergency transport and alternative accommodation. The person in charge had maintained an emergency box in the centre which stored various relevant items to be used in an event of an emergency.

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):

No actions were required from the previous inspection.

Findings:

Effective measures were in place to protect residents from being harmed or abused. There were policies on the safeguarding of adults with a disability from abuse and there was a training programme implemented which ensured that each staff member attended training in prevention of abuse. Staff and management that spoke with the inspector were very knowledgeable of their responsibilities in this area. Staff that spoke with the inspector and training records reviewed confirmed that staff had received formal training in this area.

Throughout the inspection, the inspector found that staff interacted with residents in a kind, caring and respectful manner. Information was available to residents to advise them of what constitutes abuse and bullying and how they should respond. These topics were discussed with residents at residents' meetings.

There were policies in place to guide staff on responding to behaviours that challenge and restrictive procedures. Support plans were in place for any resident that displayed potential behaviours that challenged. The inspector observed staff interacting with the resident in accordance with their plan. Staff had attended appropriate training on managing behaviours that are challenging.

From the sample of financial records reviewed, appropriate measures were in place to ensure residents' financial arrangements were safeguarded. Residents' money was securely stored in lockable storage kept in the resident's bedroom. Records had been maintained up to date and corresponded with, statements, receipts and the balances spot checked by the inspector in conjunction with the regional manager. The person in charge regularly monitored residents' finances.

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):

Findings:

The person in charge was familiar with the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector viewed a sample of incident records that were recorded and found that required information was well documented. The incidents were reviewed by management to identify any possible learning outcomes including preventative measures that would improve service delivery.

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:

Resident's opportunities for new experiences, social participation, education, training and employment had been facilitated and supported by the provider and person in charge.

Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills.

Residents attended day services in the locality and this provided further development opportunities. There was evidence that the person in charge and staff had linked with staff in the day service to ensure continuity of care and support. Residents had a named staff in both services. Circle of support and case review meetings were attended by these staff members along with the managers of the centres and family/representatives. Residents had access to a variety of social participation opportunities, education and training.

For example, from speaking with residents, staff and viewing the residents' schedules the inspector noted that residents took part in activities including drama, dance classes and productions. Some residents had sampled employment and one of the residents currently worked part time in a catering establishment. A different resident was planning to assist with dog walking in the locality and volunteer at the local church.

Residents were supported by the person in charge and staff to access activities in the evenings and at weekends in line with their wishes. Residents were also assisted to attend hair and dental appointments in accordance with their wishes and needs.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector reviewed a sample of files and found that arrangements were in place to support residents' health care needs and that they had access to appropriate medical and allied healthcare services. The required action from the last inspection that related to limited access to dietetic service, had been addressed.

All residents had access to GP services including an out of hour's service, were regularly reviewed by their GP and had received an annual health check. Residents also had access to a range of allied health professionals such as speech and language therapy (SALT), dietetics, physiotherapy, occupational therapy and psychology. Records of referrals and appointments were kept in residents' files and recommendations were included in the resident's personal plan.

The person in charge had put in place adequate arrangements to ensure residents' nutritional needs were met. The inspector found that measures were in place to monitor residents' nutritional status and staff demonstrated knowledge of residents' requirements.

For example, referrals to the dietician and/or speech and language therapist had been made and the inspector saw how these recommendations had been implemented. The inspector noted that food diaries had been maintained and were used to assist in the close monitoring of residents' food intake.

Staff enabled residents to have ready access to the kitchen, drinks and snacks at all times. Residents were actively involved in choosing and preparing their meals, where possible. The inspector noted that residents had access to a varied and nutritious diet, and gave positive feedback regarding their meals.

Staff encouraged and supported residents to regularly exercise including taking walks and dancing. One of the residents that had a specific physiotherapy programme in place was supported by staff to complete these exercises at set intervals during day.

Judgment:

Compliant

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 there were generally safe medication management practices in place although some improvement was required.

Written operational policies were in place to guide staff practice in relation to the ordering, prescribing, storing and administration of medicines to the resident.

The inspector viewed a random sample of residents' medication records and read that some did not contain all of the required information to allow staff to consistently administer medications safely. For instance, the route of administration of each medication and the maximum dose of PRN (as required) medications was not consistently recorded.

At the time of inspection, no resident was self-medicating. While the person in charge gave a rationale for this, residents had not been formally risk assessed to determine the suitability for the individual resident.

Each resident's medication was stored in a safe manner and the inspector found that medications were within their expiry dates. There were also appropriate procedures for handling and disposing of unused and out-of-date medicines.

Staff who administered medication had received training in the safe administration of medication.

At the time of this inspection there were no residents prescribed medication requiring strict controls.

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):**Findings:**

There was a written statement of purpose in place that described the services provided and complied with the majority of the requirements of the Regulations.

However, some improvement was required to ensure all requirements of Schedule 1 had been met. The inspector noted that the management and staffing complements, in full-time equivalents, was not documented.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspector found effective management systems had remained in place in the centre. There was a clearly defined management structure and the centre was managed by a suitably qualified, skilled and experienced person in charge.

The inspector found that the person in charge was appropriately qualified and demonstrated the required competence and experience to run the centre. She demonstrated a strong commitment to ensuring residents' received a high standard of care. The person in charge was up to date with mandatory training and had also maintained her professional development by completing training on subjects including enabling excellence through person centre approach.

There was evidence of ongoing supervision of staff and regular meetings with the area manager for the centre. The person in charge informed the inspector that she felt supported in her role.

The provider arranged for the centre to be audited by managers within the organisation including the area manager. Findings had been used to improve the quality and safety of the service. The person in charge had completed an annual review in August 2015 and had carried out audits of areas including medication management.

Judgment:

Compliant

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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):

Findings:
The person in charge had not been absent from the centre for a period that required notification to the Authority. The area manager, who represented the provider on the inspection, was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The area manager was identified as the person who would fulfil this role in the absence of the person in charge. This manager was present on both days of inspection and demonstrated knowledge of the role of the person in charge.

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):

Findings:
There was evidence of adequate resources to ensure effective delivery of care and support in accordance with the statement of purpose. The centre was adequately equipped and there were resources to facilitate residents' requirements.

The inspector noted appropriate staff numbers available and residents were supported throughout the two day inspection.

Overall, the premises had been maintained to a good standard.

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 was a committed staff team who work well to ensure that the needs of residents were met.

The inspector found that there appeared to be adequate staffing levels that were based on the needs of residents. Residents received continuity of care as there was a low turnover of staff and some staff had attended to the residents in a previous service. The inspector saw that residents knew staff very well and residents appeared very comfortable in the company of the person in charge and staff.

There was a range of important supports provided by health care professionals within the organisation. This included the services of an occupational therapist, physiotherapist, speech and language therapist, behavioural support specialist and social worker. The inspector saw evidence of their input into residents' personal planning and how this had result in better outcomes for residents.

Staff spoken with and training records viewed confirmed that with the exception of one staff member, all staff had completed up-to-date mandatory training. The inspector noted that one part-time staff member had not received up to date training in manual handling. Prior to the inspection, the person in charge had identified and requested for this staff member to attend the upcoming scheduled training due to take place in September 2015.

Continuous training programme had been implemented and records were maintained of staff training. Staff had attended training on areas including medication management, communication and management of potential behaviours that challenge.

Staff meetings took place regularly and were used to share information and ensure that staff were familiar with any changes in residents' care needs. Copies of the regulations

and the standards were available in the centre. There were suitable arrangements in place to ensure that all staff received formal supervision and support on a regular basis. Staff and files viewed confirmed that supervision meetings took place regularly and were used to improve practice and accountability

Judgment:

Substantially 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):

Findings:

The inspector found that the records required by the Regulations were kept in the centre.

During this inspection a range of documents, including the directory of residents, Residents' Guide, medical records, health care documentation and staff recruitment files were reviewed and found to be compliant. All policies as required by Schedule 5 of the Regulations were available and had been reviewed by inspectors on other inspections within this organisation.

Adequate procedures were in place for the recruitment, selection and vetting of staff. The inspector viewed a sample of files and found that required information had been obtained for each staff member.

All records requested during the inspection were made readily available to the inspector. Records were clear, organised and securely stored.

Judgment:

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:

Nan Savage
Inspector of Social Services
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-0001495
Date of Inspection:	26 and 27 August 2015
Date of response:	22 December 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 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:

Sections of intumescent strips on some fire doors had been painted over and this had the potential to impact on the effectiveness of these doors in the event of a fire.

1. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building

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

services.

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

Within Ocean Wave Services, all doors have been inspected, the Facilities Manager has reviewed all doors and all relevant seals were replaced on 22/12/2015.

Proposed Timescale: 22/12/2015

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 route of administration of each medication and the maximum dose of PRN (as required) medications was not consistently recorded.

2. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

All medication records are being updated to ensure the maximum dose for all PRN is clearly stated as well as route of administration.

Proposed Timescale: 31/10/2015

Theme: Health and Development

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

At the time of inspection, no resident was self-medicating. While the person in charge gave a rationale for this, residents had not been formally risk assessed to determine the suitability for the individual resident.

3. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

At the house meeting on 5th October 2015 the idea of self-medication was discussed with the Service Users, 4 Service Users objected to self-administrating. This will be reviewed on a regular basis.

Proposed Timescale: 05/10/2015

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 meet all the requirements of Schedule 1. The management and staffing complements, in full-time equivalents, was not documented.

4. 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:

This has since been rectified and copy of same sent to inspector.

Proposed Timescale: 27/08/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

One part-time staff member had not received up to date training in minimum handling. Prior to the inspection, the person in charge had identified and requested for this staff member to attend the upcoming scheduled training due to take place in September 2015.

5. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Manual Handling is scheduled for 17th November 2015 and the staff member will be attending.

Proposed Timescale: 17/11/2015

