



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

Name of designated centre:	The Birches Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	31 May 2018
Centre ID:	OSV-0001500
Fieldwork ID:	MON-0021586

## About the designated centre

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

The designated centre provides a residential and respite service to eight residents who have a mild to moderate intellectual disability. There are six full-time residents and two residents have a five night placement with recurrent respite also offered. All residents attend day services and the centre is staffed by both social care workers and care assistants. There is additional staff deployed in the evenings and at weekends to meet residents' needs and two staff support residents during night time hours on a sleep in arrangement. Each resident has their own bedroom and there is ample communal areas for residents to relax. The centre is located in a housing estate and is within walking distance of the local town. Transport is also provided on a shared basis and residents also have access to public buses and taxis.

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

Current registration end date:	05/11/2018
Number of residents on the date of inspection:	7

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
31 May 2018	10:30hrs to 17:00hrs	Ivan Cormican	Lead

## Views of people who use the service

Residents appeared happy in the centre and actively joked and interacted with staff in a very positive manner. Residents also appeared relaxed and considered the centre their home. The inspector met with six residents, all of whom indicated their satisfaction with the service. One resident stated that they were very happy in the centre and enjoyed both the company of fellow residents and staff. This resident indicated that they could go to any staff member if they had a concern and they were very happy with the service. A review of questionnaires also indicated that residents were happy and were given the freedom to exercise both choice and control of their own lives.

## Capacity and capability

The inspector found that significant improvements had occurred in this centre since the previous inspection and as a result, a good quality service was provided to residents.

The inspector found that the governance arrangements in this centre ensured that residents were safe and enjoyed a good quality of care and support. The person in charge had a continuous system of audits in place which gathered data on various elements of the care provided such as medications, adverse events and health and safety. The provider had also completed unannounced audits (as required) and an annual review of the service had also been completed following a consultation process with residents. The inspector found that actions generated from these audits had been addressed by the person in charge in a prompt manner, which resulted in continuous improvements in the quality of care provided to residents.

The provider had a suitable management structure in place which incorporated an appropriately qualified and experienced person in charge of the centre. The person in charge was in a full-time role and was found to have a good understanding of the service and of the residents' care needs.

The quality and safety of the centre was maintained by facilitating staff training in areas such as fire safety, safeguarding and supporting residents with behaviours of concern. Additional training had also been provided to support residents who required support with modified diets.

A review of the staff rota indicated that the number and skill mix of staff in the centre supported the residents to enjoy a good quality of life and that continuity of care was provided to residents by staff members who were familiar to them. The

provider had also ensured that safe services were provided in the centre by seeking vetting disclosures for all current staff members. Furthermore, the provider had ensured that all required staff information as stated in Schedule 2 of the regulations was available for review.

#### Regulation 14: Persons in charge

The person in charge had a good understanding of residents' needs and was suitably qualified and experienced.

Judgment: Compliant

#### Regulation 15: Staffing

Continuity of care was provided to residents by staff who were familiar to them. All information as stated in Schedule 2 of the regulations was also available for review and the person in charge maintained accurate rotas.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were up-to-date with training needs and received regular support and supervision from the person in charge.

Judgment: Compliant

#### Regulation 23: Governance and management

There was suitable oversight arrangements in place to ensure that residents enjoyed a good level of care. The provider had conducted all reviews and audits as required by the regulations.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had produced a statement of purpose which accurately described the service provided.

Judgment: Compliant

### Regulation 30: Volunteers

There were three volunteers in place which support some residents to access the community. These volunteers had their roles and responsibilities set out in writing and they also received supervision from the person in charge.

Judgment: Compliant

### Regulation 34: Complaints procedure

Information on supporting residents to make a complaint was clearly displayed and residents who met with the inspector stated that they could complain to any staff member if they so wished. A review of recent complaints indicated that all complainants were informed as to the outcome of their complaint and were satisfied with the process.

Judgment: Compliant

## Quality and safety

The inspector found that the governance and management arrangements in this centre ensured that the quality and safety of care delivered to residents was maintained to a good standard.

There were no safeguarding concerns in the centre and the provider had systems in place which promoted the safety of residents. There was also a specific reporting procedure and protocol in place to support a resident who may wish to raise a concern. This protocol had been recently reviewed by the provider's designated officer to ensure that all residents were supported in regards to safeguarding.

Residents were actively involved in identifying personal goals and were supported by their key workers to achieve these goals in areas such as holidays, joining local groups and exploring various sports. Residents were also supported to get involved in their local communities and some residents were assisted to support the Galway team in both the hurling and football championships.

The person in charge ensured that risks in the centre were appropriately controlled and all identified risks had a management plan in place which monitored these risks on an on-going basis. The provider also promoted positive risk taking and a review of management plans indicated that some residents were supported to travel on the public bus independently.

The designated centre appeared to be a pleasant place to live and was comfortably furnished and decorated throughout. Each resident had their own bedroom which was of a good size and large storage for personal possessions was available. There was also a suitable number of toilets and large bathrooms for residents to use. The provider also had a nice outdoor space for residents to enjoy and residents were offered the opportunity to dine outside due to the warm weather on the day of inspection.

The centre had fire doors throughout which ensured that residents' safety was promoted; however, the inspector found that arrangements were not in place to ensure that some of these fire doors would be closed in the event of a fire occurring which could potentially place both residents and staff at risk. This was brought to the attention of the provider and subsequent to the inspection an action plan was introduced to address this issue.

The centre had appropriate medication storage and administration practices in place. The provider had ensured that these practices would be maintained to a good standard by ensuring that staff had received appropriate training and by maintaining suitable prescription sheets and administration records. The independence of residents was also promoted with suitable assessments completed in regards to supporting residents to manage their own medications.

The health of residents was also promoted in the centre and residents' enjoyed a good quality life. Each resident had a health action plan for each identified medical need and these action plans ensured that consistency of care was delivered. Residents were also supported by healthcare professionals such as general practitioners, speech and language therapists and specialists such as gastroenterologists.

## Regulation 17: Premises

The actions from the previous inspection had been addressed and the centre appeared to be a pleasant place to live. There was appropriate dining and kitchen facilities and a comfortable sitting room in which residents could relax.



Judgment: Compliant

### Regulation 26: Risk management procedures

The arrangements in place ensured that all identified risks were effectively managed. Positive risk taking was also supported which ensured that residents' independence was actively promoted in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Staff had received training in fire safety and had a good understanding of the evacuation procedures for each resident. There was suitable emergency lighting and a fire alarm panel was installed to give warning of fires. Staff were conducting regular checks of fire precautions which included scheduled fire drills. All fire equipment has regularly serviced to ensure that it was in good working order.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had suitable medication storage and administration practices in place. The person in charge also assessed residents to manage their own medications which promoted their independence.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which was reviewed on at least an annual basis with their participation. Residents were supported to use the services of their local community and good progress had been made in supporting residents to achieve their chosen goals.

Judgment: Compliant

## Regulation 6: Health care

Residents were supported to attend health care professionals in times of illness and as part of health prevention and promotion. The person in charge had also introduced healthcare plans to ensure that a consistent level of care was provided to residents with identified medical conditions.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were no restrictive practices in place and staff had a good understanding of supporting a resident who may engage in behaviours of concern.

Judgment: Compliant

## Regulation 8: Protection

The provider had systems in place to safeguard residents from potential abuse. Staff had a good understanding of these systems and were observed to interact with residents in warm and caring manner.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported to exercise their political view points and advocacy services were available to support residents if they so wished. A review of daily notes indicated that residents' opinions and choice were promoted and were paramount in informing the delivery of their care.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant