



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

Name of designated centre:	Oldfield Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	10 July 2018
Centre ID:	OSV-0001510
Fieldwork ID:	MON-0021590

About the designated centre

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

Oldfield Services is a designated centre which offers full-time, part-time and respite services to residents with a low to moderate intellectual disability. The centre can also support residents with complex needs such as behaviours that may challenge, epilepsy, autism and mental health issues. A social care model is provided in the centre and residents are supported by both social care workers and care attendants. Staffing arrangements in this centre facilitate residents to engage in community activities and a sleep in arrangement of one staff member is used to support residents during night time hours. The centre is a large, two-storey, building which is located in a suburban area of a large city. Each resident has their own bedroom and there is ample shared living arrangements for residents to have visitors in private, if they so wished. There is also a large patio area for residents to enjoy and there is transport available for residents to access the community.

The following information outlines some additional data on this centre.

Current registration end date:	14/12/2018
Number of residents on the date of inspection:	5

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
10 July 2018	09:00hrs to 15:00hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with one resident who voiced their satisfaction with the service provided in the designated centre. The resident appeared relaxed and seemed to enjoy the company of staff who were on duty. The resident stated that they were supported to access the community and that they enjoyed attending their day service.

A review of resident questionnaires indicated that residents were generally happy with the service which was provided. Resident responses stated that they satisfied with the facilities, activities and that staff were responsive to their needs.

Capacity and capability

The inspector found that residents' received a good quality of care and support in the designated centre and that suitable governance arrangements were in place to ensure that the service was safe and effectively monitored.

The regular auditing and reviews of the designated centre, which were implemented by both the provider and the person in charge, provided ongoing assurances in regards to the quality and safety of care provided to residents. The provider had conducted all audits as required by the regulations and the person in charge was conducting regular reviews of care practices within the centre. As a result of these systems, ongoing improvements were noted in areas such as behavioural support, complaints and the management of medications in the centre.

The person in charge had ensured that residents were consulted in regards to the operation of the designated centre by conducting regular house meetings and daily consultation. The person in charge had also discussed the annual review of the service provided with residents and their representatives to further ensure that residents were at the forefront of the service provided.

The provider was assured that a competent workforce was delivering care to residents by offering both mandatory and refresher training in areas such as fire safety, safeguarding and supporting residents with behaviours of concern. The person in charge had also highlighted the need for additional training in regards to first aid, epilepsy and in supporting residents who required modified diets.

The provider was also assured that residents were safeguarded by implementing robust recruitment practices in which vetting disclosures, complete employment histories and appropriate references are sought prior to any staff

member supporting residents in the designated centre.

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

The rota was accurate and indicated that residents received continuity of care from staff members who were familiar to them. The provider had also ensured that all prescribed information as stated in the regulations was obtained for staff members prior to them supporting residents in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in the centre ensured that residents received a good quality service. The provider had completed all required audits and reviews as stated in the regulations and the person in charge was conducting regular reviews of the care that was provided to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had a signed written agreement in place which described the service they would receive and the fees that they would be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which was reviewed on an annual basis and accurately described the service offered.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a localised complaints procedure on display which identified the people nominated to manage complaints in the centre. The person in charge maintained a log of all complaints and a review of these records indicated that all complaints were resolved to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

The designated centre was clean, spacious and appeared to be a pleasant place to live. Each resident had their own bedroom which was individually decorated to reflect their personal interests and there was ample communal areas for residents to relax and to receive visitors. The provider had also provided additional outdoor recreation areas for residents to enjoy.

There were no safeguarding concerns in the centre and the provider had systems in place which promoted the safety of residents, this included ensuring that staff had received appropriate training. The provider had also produced a document, which assisted residents in terms of self-care and protection and safeguarding awareness was promoted on a weekly basis at residents' meetings.

There was one comprehensive behavioural support plan in place which guided staff

through the various escalation and required responses for behaviours of concern. The person in charge was found to have detailed knowledge of this plan and could clearly account for the use of some restrictive practices which were implemented to aid in the de-escalation of these behaviours. These restrictive practices were regularly assessed through ongoing case review and both the resident's representatives and the provider's rights committee had been informed.

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. Positive risk taking was also encouraged to promote residents' independence and one resident was supported to remain at home, by themselves, for short periods of time and to also attend the community independently.

The provider also had systems in place for recording and responding to adverse events in the centre which ensured that the safety of residents was monitored at all times. The person in charge had a good understanding of this system and had addressed all adverse events in a prompt manner.

Fire precautions were taken seriously by the provider and a recent survey which was completed, indicated that further additions were required to ensure that a fire would be suitably contained should one occur. As an interim measure, the person in charge had implemented additional controls which ensured that all fire doors are closed during night-time hours. The person in charge also demonstrated that all residents could be evacuated in a prompt manner, at all times of the day and night. However, smoke seals on some fire doors within the centre were incomplete which compromised the effectiveness of fire systems within the designated centre.

Regulation 12: Personal possessions

Residents were supported to manage their financial affairs and there was suitable individual storage for each resident's personal possessions. There were also laundry facilities available and residents were assisted to launder their own clothes in line with their own wishes.

Judgment: Compliant

Regulation 17: Premises

The premises was large and clean and a maintenance schedule was in place to refurbish a shared bathroom. Some residents had their own en-suite bathrooms and there was an ample number of reception rooms for residents to relax.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents' independence was promoted through positive risk taking. The person in charge was also responsive in terms of risk management with additional controls and ratings applied to risk management plans following a review of trends within the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Staff were conducting regular checks of fire equipment such as emergency lighting and exits, fire alarm and fire extinguishers; however, some fire doors had incomplete smoke seals which compromised the effectiveness of fire systems within the centre. All fire equipment was routinely serviced and staff were conducting regular fire drills with the participation of all residents.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The independence of residents was also promoted with suitable assessments completed in regards to supporting residents to manage their own medications. A review of medication prescription sheets indicated that suitable information was available to assist staff members in the safe administration of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which was reviewed on a regular basis by the residents' key workers and staff team. Each resident attended an annual circle of support meeting to determine their individual goals for the coming year. These goals were supported by named individuals and a time bound action plan. However, the inspector found that some action plans had not been regularly updated and

therefore, the provider was unable to demonstrate that all goals had been progressed as stated.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

A behavioural support plan used in the centre was regularly reviewed and provided comprehensive guidance in regards to supporting a resident. There were some restrictive practices used in the centre; however, these were implemented with the informed consent of the resident's representative and were regularly reviewed through ongoing case review.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding issues identified on inspection and staff had received training in safeguarding residents. The inspector met with one resident who appeared to enjoy the company of staff and this resident also stated that they enjoyed living in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oldfield Services OSV-0001510

Inspection ID: MON-0021590

Date of inspection: 10/07/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All doors identified that require replacement smoke seals will have new seals fitted.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A review has taken place of all residents' action plans and updated accordingly to reflect dates that these goals were completed. This has been discussed with the staff team at a team meeting held on 24/07/2018. Staff have been requested to ensure they adhere to organisational policy and procedures when reviewing and updating residents' action plans.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	17/08/2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	08/08/2018