

**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-0001480
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:
19 November 2014 10:30	19 November 2014 19:00
20 November 2014 10:00	20 November 2014 17:00

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 second inspection of this centre. A monitoring inspection was carried out in June 2014. At that time the service was part of another designated centre. After the inspection the service units were separated to become two designated centres.

The person in charge and provider had completed the actions within the timeframe specified on the action plan response from the previous monitoring inspection.

Residents living in the centre had their needs met to a good standard of person

centred care. Residents were supported to achieve independence and community participation with due regard to their abilities and preferences. Residents with artistic talents and abilities had day services to meet their individual needs. Other residents attended work and day centre placements based on their assessed person centred goals, skills sets and needs.

Personal plans indicated assessed outcomes. Goals were identified and discussed with the residents and their support network including their key worker, family and friends at 'circle of support' meetings. Residents were encouraged to have participation in their care planning.

They were also supported to manage their medication and personal finances in a way that afforded them autonomy and independence. Some residents with hearing loss were afforded opportunities to communicate using a range of supports, including Irish Sign Language, pictures, photographs and writing.

Residents with interests in sports and leisure pursuits were afforded opportunities to engage in these. Residents had visited football games in Britain and indicated these trips were completed aspirations from their personal plans.

Residents were afforded the opportunity to decorate their bedrooms as they wished and residents were consulted with and informed regarding the running of the centre and any changes within the organisation or policies that would be of benefit for them to know, for example, the complaints and anti-bullying policies.

Non-compliances were found in:

- Outcome 1; inadequate screening in on the bedroom windows impacting on some residents' privacy.
- Outcomes 5; personal plans contained out-of-date information.
- Outcome 7; some hazards were identified that had not been adequately assessed or addressed, for example, there were no anti-scald thermostatic valves on residents' showers.
- Outcome 8; restraint practices in the centre and staff guidance in how to carry out the same required review and improved documentation.
- Outcome 12; relating to safe administration of as required medication (PRN) to ensure staff administered medication from the prescription and medication drug administration chart rather than the PRN protocol which is used to inform staff of the criteria for PRN chemical restraint use.

These are discussed in the body of the report, with actions and provider's response as outlined in the action plan at the end.

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):

Findings:

Residents' rights and consultation were met to a good standard on this inspection. Consultation took place with residents and their families and information provided on a regular and inclusive basis. Residents' money was safeguarded through implementation of policies and procedures. Regular house meetings that were informative, inclusive and focused on quality of life and advocacy outcomes for residents were held often.

Overall the inspector found residents' rights and dignity were promoted and supported by the person in charge and the staff that supported them.

Some non-compliance was found in the following areas. Screening for residents' bedroom windows required enhancement to ensure privacy was safeguarded. The 'easy read' complaints procedure required review to ensure it outlined the procedure for how to make a complaint in a clear and concise way. Some sensitive/confidential information was incorrectly maintained in residents' personal plans. This was drawn to the attention of the person in charge and person participating in management during the second day of inspection who gave assurances this information would be filed in a more confidential and discrete location.

Residents living in the centre had received regular house meetings. The inspector reviewed a sample of meetings and found them to be inclusive and informative. The person in charge used these meetings as an opportunity to communicate organisational policies and procedures to residents. From the sample reviewed residents had been informed of the organisation's complaints policy, anti-bullying and social media policies. This was evidence of good practice in consultation for residents.

Resident's belongings were in the most part respected in the centre and residents were given the facilities to safeguard their possessions during their stay. The inspector did raise one issue relating to a safeguarding for one resident's belongings at the end of the first day of inspection. The provider made arrangements for extra security measures to be implemented and ensured the security alarm was supplied to all parts of the centre before the end of the second day of inspection.

Residents were also supported to manage their finances in a clear and transparent way. Residents had their own bank cards and the organisation had a strict policy that residents did not pay for staff meals or excursions during supported activities.

Residents had access to an 'easy to read' complaints policy. The format of the document required review as it was difficult to identify the procedural steps for making a complaint apart from the education piece on why it was important to make a complaint and what types of complaints that could be made.

The inspector reviewed the complaints log for the centre. There were no open complaints at the time of inspection. These had been addressed by the person in charge. However, the format of the logging documentation required review as it did not identify the satisfaction of the complainant.

Overall residents' privacy was promoted and respected in the centre. Residents that did not wish for anyone to enter their bedroom used hand written signage on their doors to indicate their preference and the inspector observed resident's wishes were respected by all staff.

The inspector identified that visitors to the centre could look directly into residents' bedrooms from outside. Therefore, in spite of residents indicating their wish for privacy on their bedroom doors, their privacy was impacted upon due to lack of appropriate screening. Screening on resident's bedroom windows required review and improvement.

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):

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 as per the requirements of Schedule 5 of the Care and Welfare Regulations. This policy was not reviewed by the inspector on this inspection.

Residents each had an individualised communication profile in their personal plan. This documented the resident's comprehension abilities and their preferred style of expressing themselves, for example, their use of gestures, eye contact or spoken language.

Some residents in the centre had hearing difficulties, however, this did not impact on their ability to communicate their needs and the inspector noted residents' communication needs were actively supported by staff. Some residents' fluency in Irish Sign Language was superior to that of staff that supported them and it was identified by the person in charge and person participating in management that improvement in staff proficiency in Irish Sign Language was a goal going forward.

In the meantime, staff improved their skills through active engagement with residents and nominated a 'sign of the week' whereby residents and staff worked on improving the use of the 'sign'. There were plans for enhanced links with a charitable organisation focused on improving the lives of people with hearing loss to come about in the weeks after the inspection.

Policies were in an 'easy read' format for residents and were made available in the centre. Pictures were used to outline the cleaning regimen for residents' bathing facilities. Photographs were used to indicate what staff were working in the centre on a given day and to assist in menu choices. Pictures and Irish sign language were also used as part of fire drills and for the event of fire evacuation.

Some residents were supported, through the use of pictures, to tell them what activities were planned for the day. Residents could read and write. They had access to radio, television and supported internet usage.

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 encouraged to have positive relationships with their families and friends. The organisation had a policy on visits to guide best practice.

Some residents, that required specific supports, had received intensive work and collaboration of multi-disciplinary allied professionals and staff to ensure family relationships were maintained and supports were given where necessary. This was evidence of good collaboration of supports for a person that had specific needs to achieve a positive outcome for them.

Residents were supported to have romantic relationships in line with their wishes and personal preferences. Parents and friends visited the centre and residents visited their family homes regularly. They were supported to share festive events with their family and friends in the centre and in their local community.

Some residents independently used community resources and facilities to maintain personal relationships, for example, independent use of public transport to visit family and friends in other counties.

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 written agreements with residents which dealt with their support, care and welfare in the designated centre. These also detailed the services that would be provided to them during their stay there.

Residents each had a contract of care. It outlined the conditions of residents' residential placement. It set out the specific fee per nights stay in the service. It set out what residents' contribution did and did not pay for. It set out services, supports and care the resident would receive. Contracts also made reference that residents would be supported to have a yearly health check, however, the contracts did not outline that this yearly health check was at a fee to the resident.

Contracts of care for residents also needed some revision to include information that was in the organisation's personal finances policy. It was mentioned in the policy that residents did not have to pay for support staff meals on social trips, for example. The contracts did not make reference to this.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector reviewed a sample of personal plans for residents. Though it was evident residents overall had their needs met, this was not reflected in their personal plans. Residents' personal plans did not reflect the residents' current needs and supports and required review.

Of the plans reviewed during the inspection, the inspector found residents were helped to identify and achieve their goals. This happened through a 'circle of support' meeting. These were meetings that the resident, their family and significant others in their life attended. Relevant clinicians and staff working with the person also attended these meetings when deemed necessary.

Their purpose was to collectively discuss the resident's goals and aspirations. They discussed real and practical ways for the person and their support staff to achieve these goals. These meetings were a way to assess progress made and to acknowledge achievements.

The inspector reviewed a sample of minutes of 'circle of support' meetings. These showed evidence of family, support worker and multi-disciplinary allied professional support where applicable. There was evidence to show residents had attended meetings and had participated in goal setting. Residents with hearing impairment had hand written some goals and these were now in their care plans. This showed clear evidence of consultation and choice for residents participating in personal planning.

Personal plans for residents also had health plans, communication plans, speech and language assessments and behaviour support plans included. This ensured the information about residents in the plans gave a comprehensive overview of their individualised needs. However, improvements were required.

Of the personal plans reviewed for all five residents none of the plans had been updated to reflect the current plan of support and care for each resident. Some personal plans contained out of date assessments and support plans. Residents whose healthcare

needs and social care needs that were not as intense as some other residents did not contain adequate information to guide staff and had out of date information.

Some examples of out of date information in personal plans were, a speech and language (SALT) report for a resident with hearing impairment was dated 2008 without evidence the assessment had been reviewed since then. A resident's behaviour support plan had not been updated to reflect the manner in which a resident's behaviours that challenge were managed in the centre. A yearly health check for a resident had been carried out but was not in their personal plan.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

Findings:

The location and design of the centre was suitable for residents.

The kitchen in the centre was small. Facilities available for the storage and preparation of food had been enhanced in recent times to ensure space available was used to its maximum potential. Residents and staff spoken with however, did not indicate that the small space impacted on residents receiving nutritious meals and residents and staff found a way to work around this issue in light of the fact the centre offered other positive outcomes for residents.

There was adequate dining space for residents to enjoy a comfortable dining experience. The living room was also comfortable and tastefully decorated.

Records were available to indicate that equipment in the centre had been serviced as required. Logs to maintenance, by the person in charge, showed evidence of prompt action by the person in charge in response to premises issues identified. For example, an emergency call out to fix a blocked drain had been logged and resolved quickly. The inspector noted there would have been little impact to residents given the quick action.

Although the premises were clean and fit for purpose there were some issues that did need addressing. Mildew had formed on the ceiling over the showers in the centre. Storage space for files was located in the hallway beside the front entrance. This required review to ensure files were maintained securely without impacting on the space

available for residents and staff within the centre.

The cleaning schedule for the centre required some review to ensure certain areas of the premises received a deep clean. For example, some grouting on tiles required cleaning, toilet brushes needed replacing and personal grooming aids in bathrooms required better storage options to ensure they did not clutter surfaces in the bathroom.

Furnishings throughout were comfortable and the décor was tasteful and homely. Residents' bedrooms had ample space and room for furniture and personal belongings. The centre was also bright with a good source of natural and artificial light throughout. Residents that used part of the centre as an art studio were afforded excellent light and views from this work space.

Some household items for example, a small fridge, a freezer, a washing machine and dryer were located within the art studio. The space doubled up as an art studio and utility room. A review of the layout of the studio was necessary to ensure the space was an optimum work environment for the resident that used it but also residents and staff access to utilities was not impacted upon either.

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):

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

Findings:

The health and safety of services users, visitors and staff was adequately provided for in the centre. Previously, the inspector had identified a number of areas that required improvement in Outcome 7. These areas related to fire drills, fire evacuation and fire safety training for staff.

The provider and person in charge had addressed the issues identified on the previous inspection. On this inspection improvements were identified relating to some hazards that had not been included in the risk register and were identified by the inspector during the course of the inspection.

The health and safety statement for the centre was up to date. Carbon monoxide monitors were in use in the centre. Checks of these monitors were documented. Fire equipment in the centre had been serviced in June 2014. There was an up to date record of fire drills. Fire drills had been carried out in April, June, August and October 2014. Issues of concern were documented after completing fire drills, for example, if a resident refused to move.

A made for purpose unit for extinguishing of cigarettes was located on the external premises. This provided a safe unit for cigarettes to be disposed in.

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. This was important given some residents in the centre had hearing difficulties and required specific supports to ensure safe and efficient evacuation in the event of an emergency.

The person in charge had trialled the use of alternative fire alarm alert system made for people with hearing difficulties. There was evidence to show the resident did not wish to use the equipment and had removed it from their room. Arrangements to alert residents of a fire using Irish Sign Language and pictures were in use instead, given the resident had indicated they wished not to use another system. The fire alarm had been serviced November 2014.

During the previous monitoring inspection, it was noted the exit for the door leading from the kitchen did not have adequate measures to ensure ease of evacuation, i.e. a key was necessary to open the door. The door had now been fitted with a 'thumb lock'. This would ensure residents or staff had ease of evacuation in the event of an emergency as a key was not necessary to open the door.

Infection control guidelines for the centre were sufficient given the purpose and function of the centre. A cleaning rota for the centre had been reviewed and updated to give staff clearer instructions of how often certain areas in the centre needed cleaning, for example, toilets and wash hand basins. Paper hand towels were in use and made for purpose hand wash containers were located at hand washing facilities. Alcohol hand gels were also located in the centre. There was still improvement required to ensure deeper cleaning in some areas, however, this is addressed in Outcome 6 in relation to premises rather than an infection control issue.

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.

The inspector noted the external grounds of the premises were slippery in some areas due to leaves and moss. Some flag stones on the external premises were uneven and broken in some areas. Slips, trips and falls for the external premises had not been adequately risk assessed.

The person in charge logged these maintenance issues and the provider made provision for the external premises to be power washed with removal of dead leaves and to even out flag stones, thus promptly addressing hazards identified by the inspector.

A routine cleaning of the external premises such as cleaning moss from flag stones and removal of leaves was not factored into the general maintenance of the centre leading to hazards identified by the inspector during the inspection. Hazard for the external premises needed to be factored into the risk register of the centre.

Not all showers had been fitted with a thermostatic control valve to ensure risk of residents scalding themselves was reduced. The person in charge had put in a measure of using signage to alert residents that the water temperature in the shower in the main bathroom was extremely hot and to use with caution, however, this measure was not adequate and required review.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

Findings:

Measures to protect residents from being harmed or suffering abuse were in place. However, improvements were necessary to ensure behaviour support plans reflected the manner in which a resident was supported in the centre.

Furthermore, seclusion was used for the management of significant incidents of behaviours that challenge. However, a protocol with criteria for its use and prescription of same, by the relevant allied professional(s), had not been documented and therefore was not in line with best practice in relation to restrictive practices.

Appropriate action responses were identified in the organisation's policy relating to responding to allegations of abuse. Types of abuse were identified in the policy. There were no allegations of abuse under investigation at the time of inspection. Incidents of abuse were investigated promptly and notified to the Chief Inspector within the specified time frame with follow up notifications for the outcome of investigations made.

Residents in the centre were safeguarded in their use of the internet. The organisation had a social media policy and residents had been made aware of this.

There was an organisation policy on provision of personal intimate care. Residents requiring assistance with care of this nature had individualised care plans. Of the plans reviewed the inspector noted they were detailed and guided staff how to engage in individualised and dignified intimate care practices. However, the intimate care assessment required some review to ensure the assessment outlined the specific types

of support a resident may need, for example, a physical prompt or verbal prompts. The intimate care plan template also did not make adequate provisions for residents that were fully independent.

The organisation has a policy in relation to challenging behaviour and restraint. Staff received training in relation to positive behaviour support, de-escalation and intervention techniques as required. Restraint in the form of chemical restraint and seclusion was used in the centre to manage specific behaviours that challenge. Care interventions had been developed for the use of restrictive procedures for residents but some did not provide adequate instruction to guide staff practice. For example, a behaviour support plan had not been updated to give staff specific guidance in how to carry out the seclusion intervention that was in action in response to specific episodes of behaviour that is challenging.

More detail to guide staff on restraint management was necessary, for example, how long the restraint was to be used for and what observations the staff needed to carry out and document while the restraint, such as seclusion, was being implemented. A review of the seclusion restraint intervention, with a view to reducing and discontinuing it, was not clearly documented. More documented evidence that a multi-disciplinary review of seclusion restraint was required to evidence that best practice was being implemented.

Judgment:

Non Compliant - Major

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:

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 demonstrated a good 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):**Findings:**

The inspector found that resident's general welfare and development needs were proactively supported in the centre. A 'circle of support' meeting and person centred planning process were the methods used to establish residents' educational, employment and training goals.

There was ongoing review of resident's social activities and goals through their 'circle of support' meetings. Residents were consulted with during this process to ensure they were receiving the support they needed to achieve identified goals.

Residents had opportunity to attend personal development activities suited to their interests and capabilities, for example day services, training centres or employment. There was evidence to show residents skills and talents were encouraged and supported. An art studio was made available in the centre and provided a resident with meaningful engagement and employment opportunities suited to their talents, interests and abilities.

Residents engaged in social activities within and out of the centre. Residents had choice and autonomy in making decisions of how they wanted to spend their day. Some residents engaged in horticulture in their day services. Residents brought back fresh vegetables they had grown that were in turn used to cook nutritious healthy meals for all residents in the centre. Residents took pride in this and had a sense of achievement when they could provide food for the meals cooked in the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

Findings:

A sample of health care plans were reviewed. Residents were supported to access health care services relevant to their needs. They had access to a general practitioner (GP) and had the autonomy to choose their own GP and pharmacist. Residents also had access to allied health professionals such as speech and language therapists, opticians, dentists, behaviour support specialists and psychology and psychiatry services as needed.

Residents had the choice to eat out, order in takeaway or prepare meals in the centre. During the inspection residents were observed preparing and enjoying meals in the centre. Residents' favourite meals were part of the menu choice available. Choice was facilitated through use of realistic, colour photographs.

Food prepared, during the course of the inspection, smelt appetising and was nutritious. Some residents had independent food preparation skills and this was encouraged. Hand washing facilities in the kitchen were adequate and directions for good hand washing technique were on display to indicate its importance before food was prepared and act as a reminder.

Colour coded chopping boards were in use in the centre to ensure good food hygiene practices were implemented. Each colour represented the food type that should be prepared on them, thus reducing the risk of cross contamination.

Residents were supported to achieve their best possible health. Some residents had lost weight since the previous inspection, this was through adopting healthy eating and increased exercise. For example some residents used a pedometer (a device, usually portable and electronic that counts each step a person takes by detecting the motion of their body) to enhance their exercise plan and set targets.

Residents with swallowing difficulties and at risk of choking had been assessed by a speech therapist. The inspector reviewed a swallowing assessment and diet plan for a resident. Consistency of fluids and meals was indicated in the diet plan for the resident to prevent risk of choking. These care plan interventions were kept in their personal plan to ensure consistency of staff implementing these prescribed care interventions.

Residents' nutritional risk was not assessed using a nutritional risk assessment tool. Residents were not identified as being at significant risk therefore assessments had not been carried out in this regard. However, without a baseline risk assessment it was not possible to adequately monitor residents' weight loss/gain to ascertain if they required further assessment or intervention from a dietician.

As outlined previously some residents had lost weight in recent months. Residents' weights and Body Mass Index (BMI) were recorded. However, they were not consistently documented monthly. From the sample of BMIs reviewed, they were within normal limits and in some cases residents were within reach of their optimum weight and BMI. However, there were no associated healthy eating plans to validate the reason for residents' weight losses.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management*Each resident is protected by the designated centres policies and procedures for medication management.***Theme:**

Health and Development

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

Medication management policies were in place to afford staff guidance on all matter to do with safe management of resident's medications.

Residents' original prescription scripts were maintained in the centre. From these scripts residents' medications were transcribed to medication administration charts. Transcribed medication administration charts met with the required standard where there were two staff signatures documented for each medication transcribed. However, There were some improvements required in relation to safe medication administration practices relating to as required chemical restraint medication (PRN).

PRN (as required) chemical restraint procedures/protocols are generally used to outline to staff the specific criteria for administration of chemical restraint medication, for example, the behaviours a resident is engaging in that may warrant its administration.

A resident in the centre had been prescribed PRN chemical restraint. The documented instruction on their medication prescription for the maximum dose they could receive in a 24hour period was one dose.

However, a medication error had occurred whereby the resident received the PRN chemical restraint two times in a 24 hour period. A medication error incident was logged and reviewed. The inspector reviewed the investigation of the error and found it to be comprehensive and prompt and there had been no adverse effect to the resident, who had been reviewed by a physician when the incident occurred.

PRN chemical restraint for the resident had been previously prescribed that it could be given twice in a 24hour period. The medication error (as mentioned preveiously) had come about from staff administering PRN chemical restraint medication to the resident as per guidelines indicated on their chemical restraint protocol. The protocol had not been updated to reflect medication prescription changes that had been made by the resident's psychiatrist to reduce the number of times to once in 24 hours.

The inspector identified a risk of further medication errors if staff administered

medication from information written on PRN chemical restraint protocols rather than their drug administration charts. Medication administration practices of this nature required review.

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 that accurately described the service that was provided in the centre.

The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided was reflected on the two days of inspection.

The statement of purpose met all the matters as set out in Schedule 1 of the Care and Welfare Regulations.

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):

Findings:

The person in charge of the centre had not changed since the previous monitoring

inspection in June 2014. They worked in a full time capacity. The person in charge was suitably qualified with relevant experience commensurate to his role. The Person in charge reported to the Area services manager (PPIM), who reported to the Director of Client Services who in turn reported to the CEO.

There was documented evidence to show that quality audits had been carried out in the centre by the provider and nominated persons participating in management. They had visited the centre at least once every six months and produced a report each time on the safety and quality of care and support provided in the centre.

The inspector reviewed a sample of recent audits carried out and found them to be thorough and dealt with the matters as set out in the care and welfare regulations. Positive changes had come about following their implementation. The provider had also recently enhanced the format of the audit template to ensure a more comprehensive assessment was carried out each time under each of the 18 outcome headings.

The inspector conducted an interview with the person in charge during the previous monitoring inspection. They gave a good outline of what they would do in the event of a fire and in response to an abuse allegation reported to them. The person in charge had worked for a number of years in the centre and demonstrated good knowledge of residents and organisational procedures.

The inspector noted that actions given in the previous inspection report, relevant to the person in charge, had been completed. They were supported to do so by the area services manager, who was also indicated as a person participating in management (PPIM) on the statement of purpose for the centre.

There was documented evidence that the person in charge had engaged in regular supervision of staff working in the centre. They had also been present for resident meetings to ask questions and hear their feedback. Residents and staff were very familiar with the person in charge and were at ease in their company.

The person in charge had autonomy over staffing rosters for the centre. The person in charge received supervision from the regional area manager or PPIM. The PPIM assisted the person in charge and inspector during the course of the inspection and demonstrated a good knowledge of the running of the centre.

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):

Findings:

The person in charge of the centre had not been on leave for more than 28 days.

The person in charge, area services manager (PPIM) and provider demonstrated knowledge of their regulatory responsibilities regarding notifying the Chief Inspector of any such absences and the specific time frames also.

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:

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

Maintenance issues were addressed promptly and the centre was suitably resourced with equipment and furnishing to meet the needs of the residents that lived there.

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 satisfied was that there was enough staff working in the centre during the two days of inspection. There had also been improvements to the documentation of staff roles on the staffing rosters. This had been an action given by the inspector on the previous monitoring inspection and had been completed by the person in charge.

Volunteers worked in the centre at the time of inspection they reported to the volunteer manager and received supervision from them. It was the intention going forward that the volunteer would receive regular supervision from the person in charge.

A sample of staff files were reviewed as part of the inspection process. Of the sample of staff files reviewed all of these were found to contain matters as set out in Schedule 2.

Training records showed ongoing training for all staff working in the centre. From records reviewed staff had received ongoing and fresher training in areas such as managing challenging behaviours, administration of emergency medication for the management of seizures, hand hygiene, client protection, non-violent crisis intervention training and fire safety.

Staff working in the centre during the course of the inspection demonstrated a good knowledge of residents and their personal plans. The inspector observed instances of genuine warmth, rapport and respect between staff and residents throughout the course of the inspection.

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):

Findings:

Written operational policies were in place to inform practice and on review the inspector found that all policies set out in Schedule 5 were in use.

Residents had access to easy read policies also. The statement of purpose and resident's guide were available in the centre and the most recent inspection report was available

to residents, their family and visitors. The centre was insured and this was up to date.

Information relating to residents and staff were securely maintained in the office of the centre and were easily retrievable. A directory of residents was up to date and met the requirements outlined in Schedule 3.

Overall the inspector found that records maintained in the centre met with compliance however, personal plans for residents were not up to date and did not give a true reflection of the care practices and interventions that were in action for each resident at the time of inspection. Therefore, personal plans were not maintained with accuracy at the time of inspection.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ann-Marie O'Neill
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-0001480
Date of Inspection:	19 November 2014
Date of response:	19 December 2014

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:

Screening on resident's bedroom windows, on the ground floor in particular, required review and improvement.

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:

Fire resistant net curtains have been ordered (this is a special order and not immediately available), the curtains will be fitted on the 12th January 2015.

Proposed Timescale: 12/01/2015

Theme: Individualised Supports and Care

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

Some sensitive/confidential information was incorrectly maintained in a resident's personal plan.

Action Required:

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

Sensitive files will be kept in a locked filing cabinet which the PIC only has access to. Extremely sensitive material such as court reports will be held on the sensitive file in Head Office.

Proposed Timescale: 19/12/2014

Theme: Individualised Supports and Care

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

The complaints procedure required review. The procedural steps for making a complaint were not clear.

Action Required:

Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

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

This is under review and under consideration for approval. This will be on the agenda at the next policy advisory group meeting on the 19th January 2015.

Proposed Timescale: 19/01/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract of care did not set out fees were payable for yearly health checks.

Action Required:

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

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

The cost of yearly health checks are undertaken by the Service Users and this is currently outlined in the procedure on Health Checks CSD0004.3 Rev1. A letter will be forwarded to parents as an addendum to the contract.

Proposed Timescale: 19/12/2014

Theme: Effective Services

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

Residents' contracts of care did not set out clearly the organisation's policy relating to residents not expected to pay for staff meals while on supported activities or travel tickets, for example.

Action Required:

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

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

This is outlined in the Policy and Procedure for the Administration of Service Users Personal Finance and Property. CSD0012.1 Rev 1 April 2013.

A letter will be forwarded to parents as an addendum to the contract.

Proposed Timescale: 19/12/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

Residents' personal plans were not up to date. Current support and care interventions for each resident were not set out in their personal plans.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

Behaviour support plan has been updated following this inspection. Audits will ensure documents are kept within date. All personal plans will have a similar audit system in place.

Proposed Timescale: 19/12/2014

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 cleaning schedule to the premises required some review to ensure deep cleaning of areas were identified and set out in the schedule of cleaning for the centre.

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:

Deep clean rota was already in place. Included in this weekly deep clean are

- Oven,
- Fridges,
- Presses,
- Microwave,
- studio
- Mop heads.
- Bathroom including Shower doors

Following this inspection the PIC has included windows, tiles and high level dust cleaning onto the December schedule

Proposed Timescale: 19/12/2014

Theme: Effective Services

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

Storage facilities for staff and resident files required review.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Filing cabinets have been relocated

Proposed Timescale: 19/12/2014

Theme: Effective Services

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

Some revision of the layout of the working space for a resident needed review as it was also being used as a utility room.

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 communication letter, with pictures, was prepared for the service user that uses this facility, he indicated he did not want the washing machine or dryer to be moved and has signed a letter in this regard and is available on request.

Proposed Timescale: 19/12/2014

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:

Not all hazards on the external premises had been identified.

Action Required:

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

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

Risk assessment has been completed by PIC

Proposed Timescale: 15/12/2014

Theme: Effective Services

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

Risk control measures against scalding were not adequate and required review.

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 facilities manager checked the temperature of water in both showers
Electric shower restrictor applied on the 16th December 2014
New shower with temperature regulation is scheduled to be fitted on the 19th December 2014

Proposed Timescale: 19/12/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Care interventions had been developed for the use of restrictive procedures for residents but some did not provide adequate instruction to guide staff practice.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

A complete review and restructure of the Service Users Behaviour Support plan will be completed by the Positive Behaviour Support Manager before the 19th December, the revised document will provide clear guidance on all restrictive procedures in use.

Proposed Timescale: 19/01/2015

Theme: Safe Services

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

More documented evidence of multi disciplinary reviews for seclusion restraint were required to evidence that best practice was being implemented.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

A review of the use of seclusion is a fixed agenda item on the Individual Service User monthly multidisciplinary review meeting. A graph displaying the limited use of seclusion used for this resident in this service is available on request.
In addition we will liaise with the Psychiatrist to sign off Positive Behaviour Support

Plan. In discussion with Psychiatrist.

Proposed Timescale: 01/05/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Not all residents' identified health needs had been assessed.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

BMI was recorded for January – August and October – November,
The BMI was not recorded for the month of September as the Service User had been at home. We will ensure that records are updated following Services Users return from leave.

Proposed Timescale: 19/12/2014

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:

Staff did not administer PRN chemical restraint as per a residents' medication prescription and administered as per a chemical restraint protocol that did not reflect up to date information.

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:

Error by staff on duty. He has since undertaken two medication assessments as part medication training. Monthly medication audit is completed by the PIC and an external Medication audit is scheduled for the 22.12.14

Proposed Timescale: 19/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Records were maintained but residents personal plans were out of date in some parts and therefore not maintained with accuracy to meet some of the criteria of Schedule 3.

Action Required:

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

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

Clear dates are to be recorded on the Behaviour support plan to identify when documents need to be updated, This has been updated since the inspection

Proposed Timescale: 19/12/2014