### Centre name:
A designated centre for people with disabilities operated by Ability West

### Centre ID:
OSV-0004072

### 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:
6

### 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: 19 May 2015 09:50
To: 19 May 2015 19:00
19 May 2015 10:00
To: 20 May 2015 15:45
20 May 2015 10:00
To: 20 May 2015 15:45

The table below sets out the outcomes that were inspected against on this inspection.

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Summary of findings from this inspection

This was the second inspection of this centre, which previously had been part of another designated centre.

As part of the inspection process the inspector met with residents, families, staff and management. The inspector reviewed documentation, the premises, risk assessments and observed practices.

Most residents living in the centre had particular health care needs requiring speech and language therapy and nutritional support. Residents needing medical care had timely access to their general practitioner (GP) and out of hours GP services if
required. They also had good access to allied health professionals including, speech and language therapy, dietician, physiotherapy, occupational therapy and psychiatry.

Meal times were pleasant occasions and modified meals were well presented. Residents were provided with adaptive cutlery and plates to promote independence and the meals were served warm and smelt appetising. The inspector observed care and consideration by the staff when preparing residents’ meals. Actions from the previous inspection in relation to monitoring of nutritional risk had been adequately addressed.

Similarly, actions given in relation to restraint risk assessments and management had also been adequately addressed with evidence of alternatives trialed such as low low beds and crash mats.

Residents received a good standard of care and support in this centre. All staff observed and spoken with during the course of the inspection demonstrated care and a commitment to providing the most optimum support they could to all residents. An email from a resident's sibling commended staff working in the centre for their, 'kind, loving attention and above and beyond the call of duty' shown to their sibling. This care was observed also by the inspector during the course of the inspection.

Supports for residents at end-of-life were available in the centre and provided to a good standard. Care plans were in place and end-of-life directives documented by the resident's doctor to direct care at the end stages of a residents life. A home care nurse visited the centre to provide care and support to a resident and staff caring for them. The provider nominee had ensured the centre was adequately resourced to meet the needs of the resident and all residents in the centre at the time of inspection.

There was a plan for refurbishment of the centre. The plans included enlarging the kitchen to ensure all residents could access a kitchen/dining space. At the time of inspection, not all residents could use the kitchen at the same time due to space constraints. Other improvements to the centre would include works in the attic, upgraded fire doors and replacing bedroom windows all of which would enhance fire containment measures in the centre.

Overall the inspector found good practice in all outcomes, however, moderate non compliance was found in Outcome 12 relating to medication administration procedures, another non compliance was identified relating to medication policies under Outcome 18. Substantial compliance was found in Outcome 8 in relation to chemical restraint and associated documented procedures and Outcome 10; relating to provision of later life general welfare and development programmes available for residents.

These are further discussed in the body of the report with associated actions and provider's response at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents’ rights and dignity were promoted and supported within the centre. Consultation with residents occurred through facilitated staff/resident meetings whereby residents' allocated key workers advocated for resident's needs and wishes at regular monthly meetings. Activities for residents were suited to their abilities and interests.

Bedrooms were personalised to each resident’s taste. Residents had space for privacy and contemplation in the centre. Bedrooms and bathing facilities had provision for privacy and storage of personal belongings to meet the needs of residents.

Activities available in and out of the centre were age appropriate and reviewed regularly through consultation with residents, their key worker and family. The inspector observed residents participate in activities in the evening time that suited their interests, for example, a music therapist visited the centre once a week. Residents were supported to attend liturgical events in their local community and take part in family celebrations. Residents celebrated birthdays and calendar events in the local community. Residents had attended a birthday celebration in a nearby hotel and the person in charge informed the inspector that BBQs occurred regularly at the centre when the weather was good.

Residents had opportunities to meet visitors in the centre. A visitor book was maintained and there was an organisation specific policy and procedures to support this practice as required in Schedule 5 of the Regulations. Residents had the opportunities to meet visitors in private if they wished and were facilitated to visit family and friends. During the course of the inspection a resident's family member visited them and spoke to the inspector also. They expressed their satisfaction with the service their sibling received and told the inspector their sibling's wishes had been respected in relation to where they
would like to receive end-of-life care, i.e. in the designated centre, their home.

Residents had their own bank accounts with bank cards and individual PIN numbers. They had inclusion and supported autonomy in accessing banking services as needed. A statement of residents' accounts was maintained in the centre. Each resident had a ledger which documented running balance transactions and associated receipts maintained. These were reviewed at night time to check balances were correct and the person in charge also carried out an audit of balances in the ledgers. Residents were not expected to pay subsistence for staff that supported them to participate in activities. This was outlined in each resident's contract of care and also in organisational policies and procedures relating to residents finances.

Residents had access to advocacy services and leaflets from an advocacy service with contact details were available in both residential units. There was also a service user council in place which was representative of service users throughout the organisation. This had been in place since June 2010. The council had a number of members and met regularly with the main purpose of being a representative voice for residents and having a meaningful forum by which issues of common interest were discussed. Council members regularly met with the senior management team and other groups within the organisation. There was evidence of staff advocating on behalf of residents to ensure their needs were met. The inspector reviewed emails sent by the person in charge on behalf of a resident which were related to purchasing of specialised seating which would promote comfort and optimal seating support for the resident.

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

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

**Judgment:**
Compliant
### Outcome 02: Communication

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

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<th>Theme:</th>
<th>Individualised Supports and Care</th>
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### Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

### Findings:

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

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

Residents that required specific communication supports had an individualised communication profile in their personal plan and also located in the living room. Some residents were supported through the use of pictures to tell them what activities were planned for the day. Other residents used signs to communicate. The inspector observed where a resident had their own unique way of using sign language, staff working with them understood their communication style and this ensured the resident's communication needs were met and facilitated.

Pictures were in use throughout the centre. These directed residents to where plates and cutlery were to be found in the kitchen, for example. There were signs to identify where toileting and bathing facilities were.

Residents had access to televisions and stereos in their bedrooms and also in communal areas.

### 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):**
No actions were required from the previous inspection.

**Findings:**
Residents were encouraged and supported to have positive relationships with their families, friends and community.

Residents had developed links with their local community. Some residents had lived in their residential setting for many years and had a presence in the locality, for example, residents regularly visited the nearby promenade and beach, neighbours were invited over when residents were have a BBQ, for example.

Residents' families attended 'circle of support' meetings and were involved with decisions relating to residents lives. Visiting was unrestricted and encouraged. Some residents visited their families and had visual supports in place to tell them when their visit home was scheduled.

The inspector met with a resident's family member during the course of the inspection. They expressed their satisfaction with the service their sibling received. They were included in all decisions about their relative and confirmed to the inspector that their relationship with their sibling was supported and promoted.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
All residents had a signed contract of care which dealt with the support, care and
welfare of the resident. It included details of the services to be provided for that resident and the fees to be charged.

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

**Judgment:**
Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Each resident's well-being and welfare were documented in their personalised folder which included information about their backgrounds and their personal goals for the current year. Person centred planning and 'circle of support' meetings formulated the goals for residents based on their interests, abilities and identified needs.

From a sample of resident’s personal plans reviewed they were found to be individualised and person centred, for example; the resident's needs, choices and aspirations were clearly identified. There was also evidence of a multi-disciplinary team input documented in the resident's files, such as psychiatry, physiotherapy and speech and language therapy. (SALT)

There were opportunities for residents' to participate in meaningful activities appropriate to their interests and capabilities. Some residents attended a day activity service provided by Ability West Organisation. Activities residents participated in there included arts and crafts, multi-sensory programmes, yoga, community participation and skills building. Residents were supported by staff working in the centre to participate in recreational activities in their local community; such as attending concerts or community seasonal events.

Some goals identified in the sample of plans reviewed included an overnight stay in
Limerick, having a treatment in a spa and a 50th birthday party celebration with family and friends, all of which had been achieved. Person centred goals were reviewed at least annually. Residents’ families were actively involved in personal planning meetings for residents.

All residents had a copy of their plan in an accessible format, generally located in their bedroom. Pictures and photographs were used to illustrate goals achieved or goals identified.

**Judgment:**
Compliant

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**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

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

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre was suitable for the needs of residents as set out in their personal plans and statement of purpose. However, access to the kitchen/dining room required review. Not all residents could use the kitchen at one time due to space limitations. An ensuite shower also required review to ensure it was accessible to residents with mobility needs.

The person in charge and provider nominee outlined to the inspector that there were plans to reconfigure the layout of the kitchen to make it larger and accessible to all residents. A kitchen unit had been purchased and was in storage at the time of inspection. There were also plans to do further refurbishments in the centre such as replacing some bedroom windows. Due to the deteriorating health of a resident living in the centre, the provider had temporarily stopped any construction work from going ahead to ensure the resident was not disturbed. This was also at the request of the relatives of the resident. A costed plan of intended refurbishments was requested by the inspector after the inspection to confirm the premises issues would be addressed.

Overall, the inspector found the centre to be a comfortable, clean, spacious pleasant place for residents to live in. There were two living rooms which were comfortable and spacious. Residents’ bedrooms had adequate space for furniture, specialised equipment and personal belongings. The centre had a good source of natural and artificial light throughout. The decor and furnishings were modern and tasteful. Residents’ artwork
and photographs decorated the living room spaces.

Records were available to indicate that equipment in the centre had been serviced as required. Logs to the organisation’s maintenance manager, by the person in charge, showed evidence of prompt actions by the person in charge in response to premises issues identified at any given time. The open fire had been cleaned on the 13 May 2015 the oil fire boiler was last serviced 5 June 2014.

There were two toileting and showering/bathing facilities. They had been adapted to meet the mobility needs of a resident that lived there. Thermostatic control valves had been fitted to sinks and showers within the centre. This prevented risk of scalding to residents from water that was too hot.

The external premises were well maintained, clean with no visible hazards identified by the inspector. A garden space with seating and BBQ was available to residents. The fence had been painted different colours and garden decorations made the space attractive and inviting.

The external grounds were clean, well maintained with an adequate supply of waste disposal and recycling equipment at both settings.

There were adequate laundry facilities within the centre. It was supplied with a washing machine and dryer. Residents' clothes could also be dried outside as another option. There were suitable arrangements for the safe disposal of general and clinical waste when required.

**Judgment:**
Compliant

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**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. Actions from the previous inspection had been addressed.

Fire equipment had been serviced in July 2014. There was an up to date record of fire drills. Fire drills had been carried out in March and May 2015. Issues of concern were documented after completing fire drills, for example, if a resident refused to move. 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.

The fire alarm system had been serviced on a quarterly basis with the most recent 28 April 2015. Keys in fire compliant units were located at each door which required a key to open it. Other exits had thumb lock systems fitted which allowed for ease of opening the exit in the event of an emergency evacuation.

Displayed fire evacuation procedures were detailed and specific to the centre. Staff spoken with indicated what they would do in the event of a fire, demonstrating knowledge of compartmentalisation and an understanding of using the fire doors within the premises to contain a fire. The provider had planned to enhance compartmentalisation of the attic space which would provide robust fire containment within the centre. However, as mentioned in Outcome 6, plans for refurbishment within the centre were temporarily on hold.

Infection control measures were sufficient given the purpose and function of the centre. A cleaning rota was in place and the inspector observed a good standard of cleanliness throughout the premises. Paper hand towels were used in the centre. Alcohol hand gels were also located at all entrance doors. Colour coded mops and buckets were in use in and designated to clean specific areas to prevent cross infection. Instructions were in place in the laundry/utility room to instruct staff on the correct infection control management of soiled linen. This ensured best practice guidance in infection control.

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 person in charge had documented further risks which were specific to the designated centre, for example, the BBQ and the use of the sharps bin which was used in the centre for the safe disposal of needles, for example.

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

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

**Judgment:**
Compliant
**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Measures were in place to safeguard residents and protect them from abuse. There was a policy and procedures for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse. Staff working in the centre had received training in the prevention, detection and response to abuse. Refresher training was also available to staff to ensure their skills and knowledge was maintained and up to date.

The inspector reviewed a behaviour support plan. It identified the underlying causes of behaviour that was challenging for the resident. The plan also outlined pro-active strategies which would reduce the likelihood of the behaviour occurring or reduce the severity should it occur. A referral had been suggested by the behaviour support specialist that the resident receive a sensory assessment which may provide insight into why they were engaging in specific behaviour that is challenging and recommendations which staff could implement which would provide for the resident’s needs. The inspector saw documentation which confirmed the referral had been made and the resident had received a preliminary review by the occupational therapist.

Staff working in the centre demonstrated skills in de-escalation strategies they used pictures, sign language, open body postures and gestures which alleviated residents’ anxieties and stress which could trigger an incident of behaviour that is challenging from occurring.

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

An action given on the previous inspection relating to restraint had been adequately implemented. Restrictive practices were reviewed by a human rights committee with an independent person nominated to chair the meetings. Restrictive practices carried out within the centre were used in conjunction with a risk assessment or an associated behaviour support plan and ongoing input from a behaviour support team that comprised of allied professionals such as behaviour support specialists, psychologists.
and psychiatry.

A resident had been prescribed chemical restraint for the management of behaviour that is challenging episodes. An associated procedure was in place which outlined the criteria for its administration. However, the procedure was not up to date. Staff did not administer chemical restraint as was outlined in the procedure as they found de-escalation and proactive strategies worked well. The procedure required review and updating.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

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

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

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

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

Residents had opportunity to attend personal development activities suited to their interests and capabilities, for example day services, training centres or employment. Residents engaged in social activities within and out of the centre for example, during the course of the inspection residents engaged in a music therapy programme within the centre. All residents were facilitated to take part and the therapist adapted the session to meet the capabilities and musical tastes of residents.

Photographs evidenced residents had enjoyed holidays and nights out.

While residents general welfare and development needs were met to the most part within the designated centre and in their day service. Later life activity programme options needed to be explored by the provider to ensure residents had options to avail of a programme that would meet their changing needs as they aged.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Resident’s health needs were met to a good standard in the centre. Residents' healthcare needs were assessed and the care provided met their needs. End-of-life care was being provided to a high standard in the centre at the time of inspection.

Residents had access to GP services and there was evidence to show appropriate treatment and therapies were in place to address their health issues. Residents had also received assessment and intervention recommendations to meet their needs from physiotherapy, occupational therapy and behaviour support, for example. Residents had access to specialised seating to meet their individual needs.

A number of residents had received dietetic review and assessment by a speech and
language therapist (SALT) to assess their swallowing capability to ascertain their risk for choking. Associated care plans were in place which prescribed food and fluid consistency. Staff demonstrated knowledge of how to make meals as per these recommendations. The inspector observed great care taken when making meals for residents to ensure they tasted good and were well presented.

The inspector observed mealtimes, modified consistency meals were presented well, served warm, smelt appetising and staff interacted well with residents throughout allowing them time to enjoy their meal in an unhurried, dignified way, offering assistance as per SALT recommendations.

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

End-of-life care was afforded to a resident in the centre at the time of inspection. It had been the wish of the resident and their family to be cared for at end-of-life in the centre which had been their home for a number of years. A home team nurse provided support to the resident and staff. She also provided palliative care nursing interventions to the resident every two days or more often if necessary.

A documented resuscitation directive by the resident's doctor was also in place which ensured there would be appropriate care management for the resident at end-of-life. An end-of-life care plan had been drawn up by the person in charge it was comprehensive and person centred. Staff working in the centre received training in caring for a resident at end-of-life the second day of the inspection. The inspector spoke briefly with the resident at end-of-life and noted that they appeared calm, pain free and comfortable.

An email by the resident's sibling to the person in charge praised and thanked the staff of the centre for their "kind, loving attention, above and beyond the call of duty" given to their sibling. They also mentioned in the email that it was their firm belief the resident "would not be here with us today had this amazing love and care not been available to her over the years and especially over the last three to four months".

**Judgment:**
Compliant
Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Overall the inspector found medication management met with good compliance. Written operational policies and procedures were in place for the safe storage, administration and transcribing of medications. The person in charge was a medication management training supervisor.

Medications were securely stored in locked storage unit. Medications requiring refrigeration were stored safely in a locked fridge and temperature checks were documented. Residents requiring crushed or modified consistency medications were prescribed such in liaison with resident’s GP and pharmacist. Staff working in the centre had completed medication management training with evidence of refresher training in staff records. Some residents were prescribed medication as first response in the management of epileptic seizures. Staff had also received training in administration of this medication.

Copies of residents' prescription were kept in the centre and prescriptions were transcribed by staff to prescription administration charts which the inspector noted to be clearly written and accurately maintained. However, medication administration charts were not signed by the resident's prescribing GP/Doctor. The policy for medication administration required review as it did not set out that administration charts should be signed by a resident's GP before staff could administer from them.

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):
No actions were required from the previous inspection.
Findings:
There was a written statement of purpose that described the service provided in the centre.

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

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

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

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

The person in charge worked in a full-time post. These hours included allocated administration time with the rest of the time working on roster along side residents and staff which allowed the person in charge to observe practices and engage in a meaningful way with residents.

Unannounced and announced visits from the provider and persons nominated by the provider had occurred in the centre with documented evidence of the outcomes of the visits and issues of compliance and non-compliance found and acted on if necessary. A number of audits of the centre had been carried out. The inspector found them to be
detailed and comprehensive with all 18 Outcomes reviewed in the days prior to the inspection. Improvements to the service were made on foot of these audits, for example, during the audit prior to the inspection it was noted there were no thermostatic control valves in use in the centre. They were fitted on the second day of the audit.

The provider nominee reported to the board of management for Ability West Organisation on a regular basis. She showed the inspector a copy of her most recent report to the Board. She had informed them of a recent workshop held in April for all managers of Ability West on ageing and intellectual disability. The provider nominee had invited a guest speaker to provide the talk on studies which have been conducted in relation to the subject. From the workshop the provider nominee informed the board of proactive and preventative measures that could be implemented some that could be done straight away and others the organisation would need to plan for and make a proposal to their funding body. At the time of the report the provider nominee was working along with providers from other intellectual disability organisations in the West of Ireland to draft a proposal to progress these areas relating to older age health for people with intellectual disabilities.

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):
No actions were required from the previous inspection.

Findings:
There were appropriate management systems in place for the absence of the person in charge. The area services manager provided management of the centre in the absence of the person in charge and engaged in administrative duties such as maintaining the duty roster or notifying the Chief Inspector.

The provider nominee was aware of her responsibility to notify the Chief Inspector of any intended absence of the person in charge for more than 28 days.

The person in charge had not been absent from the centre for more than 28 days.

Judgment:
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):
No actions were required from the previous inspection.

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

Findings:
The inspector was satisfied there was enough staff working in the centre during the two days of inspection. The staffing numbers had increased in recent times to meet the care needs of a resident. The person in charge maintained a planned and actual duty roster.

Staffing numbers and skill mix were appropriate to resident’s assessed needs. Staffing in the centre was allocated for times when residents were in the centre. There were also allocated waking staff to meet the needs of residents. A number of staff working in the centre had nurse qualifications which suited the health care needs of residents living in...
the centre. Of all staff observed and spoken with during the course of the inspection, they demonstrated a good understanding and knowledge of the residents they supported and the care interventions prescribed for them.

A sample of staff files were reviewed as part of the inspection, staff files reviewed met the requirements of Schedule 2 of the regulations.

Training records showed ongoing staff training for all staff working in the centre. Staff working in the centre had received medication management, training in feeding residents with swallowing difficulties, preparation of modified consistency meals and drinks, challenging behaviour management, fire safety, manual handling, non-violent crisis intervention training and client protection.

The persons in charge had received ‘person in charge’ training in July 2014. In order to care for a resident living in the centre at end-of-life the provider nominee had arranged for staff to attend training in end-of-life care. The person in charge and person participating in management would attend this training at a later date.

To address an action from the previous inspection, staff had been trained in how to implement the organisation's nutrition policy in order to monitor for nutritional risk.

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

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.

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, some policies required review in order to guide staff in best practice procedures relating to medication and end-of-life care.

The organisation medication administration policy required review to ensure it provided best practice guidelines.

An end-of life policy with associated procedures was in draft format at the time of inspection. Staff working within the centre did not have a policy which could provide them with procedures and guidelines in relation to the implementation of best practice in end-of-life care.

**Judgment:**
Non Compliant - Moderate

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**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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ability West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004072</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>19 May 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17 June 2015</td>
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</tbody>
</table>

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 08: Safeguarding and Safety

Theme: Safe Services

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

The procedure in relation to administration of chemical restraint was not implemented in practice and required review and updating.

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

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

**Please state the actions you have taken or are planning to take:**
The procedure in relation to administration of chemical restraint has been reviewed and is now updated in line with least restrictive interventions to safeguard the individual in line with positive approach to behaviours that challenge.

**Proposed Timescale:** 17/06/2015

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**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
While residents general welfare and development needs were met to the most part within the designated centre and in their day service. Later life activity programme options needed to be explored by the provider to ensure residents had options to avail of a programme that would meet their changing needs as they aged.

**Action Required:**
Under Regulation 13 (4) (b) you are required to: Ensure that where residents are in transition between services, continuity of education, training and employment is maintained.

**Please state the actions you have taken or are planning to take:**
The organisation has identified this area as needing development, and as such has set up a committee to address this. As part of this committee, a sub-group has been tasked to look specifically at later life activity programme options as seen from the Terms of Reference below:
“This committee will review the current practice of care in the organisation for service users detailed below. The groups to be considered are:
a. Older service users who do not want to attend a day service/can’t attend a day service.
b. Service users who are declining cognitively/have a diagnosis of dementia.”

The committee has undertaken some work on this and anticipate having a draft plan for consideration by the Senior Management Team by the end of September 2015.

Additionally, Ability West is also examining the possibility of providing a regionally based service for service users who are declining cognitively or have a diagnosis of dementia with a number of other agencies in the Galway/Roscommon/Mayo areas.

**Proposed Timescale:** 30/09/2015
### Outcome 12. Medication Management

**Theme:** Health and Development

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

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

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The medication policy and procedure is currently being reviewed by the organisation, to include this element, with a plan to have this completed by the end of September 2015; In the meantime the G.P. has provided a prescription letter, which will be reviewed every six months or as required, instructing trained staff to administer the prescribed medication.

**Proposed Timescale:** 30/09/2015

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### Outcome 18: Records and documentation

**Theme:** Use of Information

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

An end-of life policy with associated procedures was in draft format at the time of inspection. Staff working within the centre did not have a policy which could provide them with procedures and guidelines in relation to the implementation of best practice in end-of-life care.

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

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

The organisation has identified this area as needing development, and as such has set up a committee to address this. As part of this committee, a sub-group has been tasked to look specifically at end of life planning as seen from the Terms of Reference below:

“This committee will review the current practice of care in the organisation for service users detailed below. The group to be considered is:

a. Service users that need end of life planning and care.”
The committee has undertaken some work on this and anticipate having a draft plan for consideration by the Senior Management Team by the end of September 2015, which will include ensuring that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

**Proposed Timescale:** 30/09/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The organisation medication administration policy required review to ensure it provided best practice guidelines.

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

**Please state the actions you have taken or are planning to take:**
The medication policy and procedure is currently being reviewed by the organisation, with a plan to have this completed by the end of September 2015, which will include practices relating to the ordering, receipting, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the service user for whom it is prescribed and to no other service user in line with HIQA’s recently published guidelines.

**Proposed Timescale:** 30/09/2015