

**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-0004055
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	2

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:
25 May 2015 09:15	25 May 2015 21:15
26 May 2015 12:15	26 May 2015 21:45

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 first inspection of this designated centre which comprises two houses and offers residential and respite service to residents within a geographic area. Frequency and length of stay in the centre is determined in response to individuals' assessed needs.

As part of this inspection the inspector met with residents, staff, the person in charge of the centre and a person participating in management. The inspector reviewed a variety of documents including residents' personal plans, medication documentation, staff files, risk management procedures, emergency plans, equipment servicing records, and policies and procedures.

Residents spoken with expressed satisfaction with the service provided and the inspector observed respectful interaction between staff and residents. It was evident residents considered the centre home and some residents were observed visiting at times when they were not staying in the centre.

Prior to and following this inspection the inspector reviewed a number of questionnaires submitted by residents and their family members. These questionnaires outlined residents and their family members' satisfaction with the service provided.

The inspector met with some families as part of the inspection and these family members were complimentary of the service provided. However, some families felt communication in regard to a specific issue required improvement.

The person in charge of the centre was in post for two weeks at the time of this inspection. Prior to this the person participating in management of the centre had been fulfilling the role alongside her other duties. It was evident the lack of a full time person in charge of the centre for a long period of time had a negative impact on the systems in place to ensure oversight of the care and support of residents.

8 of the 18 outcomes inspected were found to be in compliance with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the Regulations).

Areas identified as requiring improvement were

- Management systems to ensure adequate governance of the centre on a consistent basis
- Medication transcription and administration procedures
- Provision of a specific staff training
- The measures in place for supporting residents to manage their money
- Ensuring all restrictive practices used were in line with national policy
- Ensuring all staff had taken part in a fire drill in the centre and fire drills at night
- The assessment of and response to some residents' needs
- Ensuring residents are supported to retain control of personal property
- Provision of some assistive equipment
- Allocation of suitable storage to meet the needs of all residents
- Written agreements outlining the terms on which the residents would reside in the centre
- Maintenance of the duty roster and a separate record of whether the roster was actually worked

The findings are discussed in the report and the actions required are included in the action plan 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):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to ensure residents were consulted about the running of the centre, had access to advocacy, were supported to make a complaint and received support which was delivered in a dignified and respectful way in line with their assessed needs. However, improvement was required to ensuring residents were supported to retain control of their possessions.

Residents were consulted regarding the running of the centre in regard to their daily routine, access to activities and community involvement and changes to decor of the centre. Staff were observed obtaining residents input and ensuring they were supported in regard to the day to day running of the centre.

Support provided and language used by staff was respectful and in line with residents' assessed needs and wishes. It was evident staff and residents knew each other well.

Residents were encouraged to maintain their own dignity and privacy. Residents had intimate care plans in place to identify the support residents required in areas such as personal hygiene.

There was a policy on residents' personal property, personal finances and possessions. Residents retained control over their own possessions. Residents were supported to do their own laundry if they wished.

There was enough space for each resident to store and maintain his/her clothes and other possessions. Improvement was required to the system in place for ensuring residents' money is kept safe through appropriate practices and record keeping. This is

discussed further under Outcome 8.

Residents had access to advocacy. There was an organisation advocacy service and external advocacy was sourced from the national advocacy service.

A resident had not been supported to retain control of some personal property. A resident had purchased an item to use in their bedroom and the item was used by a resident who stayed in the room when the resident was absent from the centre.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

There was a policy on communication with residents.

Staff were aware of the different communication needs of residents and there were systems in place to meet the diverse needs of all residents.

Each resident had a communication profile outlining their preferred way of communicating. Staff were observed communicating with residents in line with their assessed needs. Information was available in a format which was assessed as suitable for residents' needs.

Residents were facilitated to access aids and appliances to promote the residents' full capabilities. For example, communication systems such as a picture exchange system (PECS) and sign language (Lámh) was used.

A staff member told the inspector she had undertaken training in ensuring the centre was promoting a communication environment and was a 'communication champion' for the centre.

The centre was part of the local community. Staff and families spoken with outlined the way the residents were supported to access and be part of the local community. Residents had access to radio, television, newspapers and information on local events.

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):

This was the centre's first inspection by the Authority.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to get involved in the lives of residents.

Families spoken with said they are very involved in the centre and are encouraged and facilitated to spend time with their residents in line with the residents' wishes. Families outlined the ways in which they spend time with the residents in the centre and said they felt very comfortable visiting at any time of the day or evening.

The provider and person participating in management told the inspector there was a system for families to contact and be contacted by the social worker to ensure continuity of message. However, families spoken with and documentation received by families conflicted with information received from the person participating in management in regard to issues outlined by families. The provider outlined the way this would be addressed.

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):

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents. Residents' admissions were in line with the centre's Statement of Purpose.

Some residents did not have an agreed written agreement which deals with the support, care and welfare of the resident.

The inspector viewed a sample of written agreements which were in place and found improvement was required. A resident's written agreement did not accurately detail the number of nights they were entitled to avail of the service.

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):

This was the centre's first inspection by the Authority.

Findings:

Residents had individual personal plans, which outlined their requirements in relation to their social care needs. However, some improvement was required to the measures in place for assessing residents' risk of developing dementia and the response to changes in residents' weight.

Assessments had been carried out in a number of areas, which were used to assist residents in identifying goals. Residents were supported in achieving their goals in a collaborative way with the involvement of family, key personal contacts, the person in charge, relevant clinicians and allied health professionals, and staff members from both the residential service and the day service.

Protocols were in place to ensure residents were supported in line with their needs in regard to specific areas such as accessing the community, using transport and night time routines.

Case review and multi disciplinary meetings regularly took place and these meetings

were attended by all relevant people with clearly documented minutes of discussions and actions agreed as contained in residents' personal files.

There was evidence that personal plans were being reviewed and that residents were involved in the review.

Residents with Down Syndrome had not received a baseline screening to assess and inform the response to the risk of developing dementia. The provider and person participating in management told the inspector this had been identified as not necessary for the residents. However, there was no documentary evidence to support this and the rationale was not clear. The provider told the inspector this would be reviewed.

Although there was a system for residents' weights to be checked on a monthly basis there was no oversight of this nor was it evident the response which should be taken when a change was noted. The inspector found that the person in charge and person participating in management were not aware of residents' weight increases and there was no evidence this was being responded to. There was no system to ensure oversight of the monitoring of residents' weight.

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

The centre was comprised of two purpose built houses and is located in a small town. Each house contained adequate communal and private accommodation and the centre had been designed around the assessed needs of residents. Corridors and doorways were wide and could accommodate wheelchair users.

Each resident had an individual bedroom and access to shared bathroom facilities. Bedrooms were suitably decorated and some residents had personalised their rooms for the duration of their stay. Some residents had televisions in their bedrooms.

Thermostatic controls were in place to regulate the temperature of the water and to ensure residents were protected from risk of scalding.

Appropriate assistive equipment was available for residents, for example hoists and profiling beds where required. Records showed the assistive equipment had been serviced as necessary. However, a review of some assistive equipment was required. Grab rails to assist residents to use the bath in both houses required review to ensure they were meeting the needs of residents and specific equipment which a resident needed to trial had not been provided.

Access to storage in the centre required review. For example, a resident's chair was stored in another resident's bedroom during the day and the inspector was told the reason for this was due to lack of space to store the chair. In addition, assistive equipment was stored in a bathroom when not in use and therefore both bathrooms could not be used for bathing at the same time.

A system in place to meet the needs of one resident required review as it could impact a resident who used that bedroom on other days. This had the potential to limit the resident in accessing their clothing. On the second day of inspection the person in charge outlined the way in which they were seeking to resolve this. However, it had not been identified prior to the inspection.

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):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to promote and protect the health and safety of residents, visitors and staff. A risk management policy was in place and there were systems to identify and manage risks in the centre. Some improvement was required to fire drills which were being carried out in the centre.

The risk management policy identified the procedures for the identification and management of risk in the centre. There was a safety statement and risk register which set out the risks in the centre and the associated control measures.

Residents had individual risk assessments which outlined the risks individual to residents and the measures in place to control the risks.

Systems were in place for health and safety audits to be carried out on a routine basis.

For example, daily, weekly and monthly checks carried out by the person in charge and staff.

There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were maintained.

The centre had a fire and intruder alarm and the inspector reviewed the maintenance and servicing records for the alarm and fire equipment and found that they had been serviced as required.

There was a vehicle for residents to use at weekends and in the evenings. Documentation viewed showed that the vehicle had been serviced and had passed a test to state it was roadworthy. The vehicle was insured and a list of staff included in the insurance to drive the vehicle was maintained with a copy of each staff member's driving licence.

There was an emergency plan which guided staff regarding the evacuation of the centre in the event of a fire or other emergency. A short term contingency plan was in place in the event of a loss of heating or water, a burst pipe in the centre or other emergencies. The measures to be taken by staff were clearly outlined in this plan.

Residents had individual personal emergency evacuation plans which outlined residents support needs in the event of an evacuation of the centre.

Systems were in place for the prevention and detection of fire. Training records showed that staff had received fire safety training. While regular fire drills were carried out some staff had not taken part in a fire drill in the centre. In addition, there was inadequate evidence the centre could be evacuated at night as night time fire drills in one house had taken place at 9am and 9.25am.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre had implemented measures to protect residents being harmed or suffering abuse. However, improvement was required to the measures in place for supporting residents to manage their money.

There was a policy and procedures in place 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 had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Staff and the person in charge were aware of this person and knew how and when to contact them.

Residents requiring support with behaviours that challenge had support plans in place. The inspector viewed a sample of these and found that they clearly outlined the supports the resident required and included an outline of relevant documentation to be read in conjunction with the behaviour support plan. Some residents were in the process of being supported to develop updated behaviour support plans.

Some residents were prescribed restrictive procedures as part of the management of their behaviours that challenge. Staff spoken with were clear regarding the measures in place to support residents with their behaviours that challenge and to ensure residents' behaviours did not escalate. The inspector observed staff supporting residents in line with these behaviour support plans and it was evident the plans were effective in supporting residents.

There was an organisational policy and procedure for referring restrictions on residents' rights to the organisation's committee for reviewing rights restrictions. Some improvement was required to the measures in place to ensure restrictive measures were reviewed and in line with national policy.

Some restrictions had been referred in June 2014 and had not been reviewed. The procedure stated all restrictions would be reviewed within a year and it was not evident this timeline was appropriate.

The inspector was told there was a 'backlog' of restrictions for the committee to review and changes in the person in charge of the centre had resulted in the delay in some restrictions being reviewed by the committee. The inspector was told that the meeting to review rights restrictions for one resident had been delayed as the person in charge had been on leave.

The inspector found the person in charge and the person participating in management were not aware of the detail of some restrictions as documented on a referral form.

A significant restriction on a resident's rights had not been referred to the Rights Review

Committee and although it had been reviewed at multi disciplinary meetings the most recent meeting had taken place in February 2015. There was no information to show the rationale for the use of the restriction and to show the use of the restriction was in line with national policy.

Improvement was required to the measures in place to support residents to manage their money. The inspector viewed a sample of residents' finances and found improvements were required. A till receipt was not maintained for all purchases, there was no system to check if a resident's outgoings corresponded with the bank statement and there was no oversight arrangement in place. In addition, the documentation and system was disorganised which made it difficult to carry out a review of residents' finances.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

A record of all incidents occurring in the designated centre was maintained and all incidents had been notified to the Authority as required.

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):

This was the centre's first inspection by the Authority.

Findings:

Residents were supported to access education and training programmes and all residents were accessing day supports. The centre supported residents to access the day programme they attended when living at home by providing transport.

Residents were supported to access activities in the evenings and at weekends in line with residents' wishes.

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):

This was the centre's first inspection by the Authority.

Findings:

Residents were supported to achieve and enjoy the best possible health.

The inspector viewed a sample of residents' personal plans which showed that residents' health needs were being identified and responded to.

Some residents lived with family members and attended the centre for respite breaks. Their healthcare needs were supported by their families and the centre had relevant information such as the results of appointments and any supports the residents required.

Residents were supported to access their general practitioner (GP), dentist and allied health professionals such as speech and language therapists, occupational therapists and physiotherapists as required.

Food was available in adequate quantities and residents were supported to make healthy food choices. Residents were observed being supported to prepare their meals. Residents were supported to do their food shopping in the local town.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a policy and procedure in place relating to the ordering, prescribing, storing and administration of medication to residents. The policy had been reviewed and the inspector was told staff would be briefed on the changes to the policy.

The inspector observed staff administering medication. Staff demonstrated good infection control practices and good medication administration practices.

Staff administering medication had received training which included training in administering one medication which would be used in a specific medical emergency. However, the inspector found that a resident was prescribed a medication to be used in the event of a specific medical emergency which staff had not received training in the administration of. The action relating to this is included in the action plan under Outcome 17: Workforce.

The inspector viewed a sample of residents' prescription sheets and administration records. There was a system of transcribing the prescription from the general practitioner (GP) to the centre's prescription sheet. This was carried out by staff. There was no oversight arrangement in place and the transcribed sheet was not signed by the general practitioner. Staff were administering using the transcribed sheet as guidance.

Errors on the transcribed sheets were identified by the inspector. For example, a regular medication with a prescribed dosage of 40mg had been transcribed as 400mg and a PRN (as required) medication which was prescribed as 250mg x 1 tablet was transcribed as 250mg x 2 tablets. On viewing the administration record the inspector found that two 250mg tablets of the PRN medication had been administered to the resident on one occasion. This was brought to the immediate attention of the person in charge and the person participating in management.

There was no oversight of the medication management practices in the centre and the risks identified by the inspector had not been identified prior to the inspection. The lack of oversight and the systems in place were placing residents at risk.

Judgment:

Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

There is a written statement of purpose that accurately describes the service that is 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.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre had a clearly defined management system in place with clearly defined roles of authority and accountability. However, improvement was required to the systems in place to ensure the centre was managed adequately in the event of an absence of the person in charge. The person in charge and person participating in management did not have adequate oversight of the centre at the time of inspection.

A new person in charge of the centre had been appointed two weeks prior to the inspection. There was inadequate time for the person in charge to become accustomed to her role. The inspector found that although she was aware of most of her statutory responsibilities she did not have adequate time to gain required knowledge, put management systems in place and to get to know all residents.

The person participating in management had been fulfilling the role of person in charge in the absence of the person in charge of the centre, however it was evident she did not have adequate time to fulfil this role alongside her other duties.

The person in charge's direct line manager was present on the day of inspection and both she and the person in charge told the inspector that there was good communication across all levels of the organisation. There was evidence of good communication between the person in charge and her direct line manager. Both stated they had worked closely together in the previous two weeks and would continue to do so.

The person in charge and person participating in management demonstrated responsiveness throughout the inspection and addressed areas of non compliance highlighted to them by the inspector.

The inspector interviewed the person participating in management and found that she was knowledgeable of the residents, the centre, the legislation and her statutory responsibility. She told the inspector she provides governance for the centre in the absence of the person in charge.

A person participating in management had carried out unannounced visits to the centre. It was evident that issues had been identified and responded to.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The previous person in charge had been absent from the centre for a period which required notifying to the Authority. The provider had notified the Authority as required.

The inspector was told that a social care worker is on duty in the centre in the absence of the person in charge. The social care worker takes responsibility for the organisation of the centre in regard to responding to residents' needs. The person participating in management takes responsibility for the person in charges role in the absence of the

person in charge.

Some improvement was required to the arrangements in place for the governance of the centre in the absence of the person in charge. This is discussed further under Outcome 14: Governance and Management.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the centre's Statement of Purpose.

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

The premises had been maintained to an adequate standard and the centre had the use of a vehicle which was seen being used on inspection.

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):

This was the centre's first inspection by the Authority.

Findings:

The staff rota was arranged around the assessed needs of residents. Formal supervision was taking place on a quarterly basis.

The inspector viewed a sample of staff files and found that one file did not meet the requirements of Schedule 2 of the Regulations as it did not contain a full employment history. This was brought to the attention of the person in charge who addressed this on the day of the inspection.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to abuse, moving and handling, the safe administration of medication and in the administration of one medication prescribed in the event of a medical emergency. However, the inspector found that staff had not received training in the administration of a medication which one resident was prescribed in the event of a specific medical emergency.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to residents, staff and visitors. The insurance policy included insurance for residents' personal items.

The centre had all of the written policies as required by Schedule 5 of the Regulations.

There was a guide to the centre available to residents which met the requirements of the Regulations. It outlined the services provided at the centre, the terms relating to

residency, the arrangements for resident involvement in the running of the centre, how to access inspection reports, the procedure for respecting complaints and the arrangements for visits.

A directory of residents was maintained and contained all required information.

A record of the duty roster was maintained in the centre and was adjusted to reflect changes. A copy of the duty roster and a separate record of whether the roster was actually worked was not maintained.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Lorraine Egan
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-0004055
Date of Inspection:	25 May 2015
Date of response:	30 June 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

A resident had not been supported to retain control of some personal property.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

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

On 26 May 2015, the second day of registration inspection, we secured a detachable handle to the wardrobe door to ensure that the service user had access to their personal belongings while accessing the centre for respite on a monthly basis.

Proposed Timescale: 26/05/2015

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:

Some residents did not have a written agreement outlining the terms on which the resident would reside in the centre.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

A letter has been drafted for the family outlining additional terms of the use of the service user's bedroom for their consent. The letter will be brought to the family by the social worker.

In relation to the contracts, prior to a previous HIQA inspection Ability West, used a short break contracts for all respite Service User. Following Pine Services HIQA inspection, contracts for respite Service Users were formulated and passed via Policy Advisory Group PAG. All contracts were issued to all families in April 2015. To date a number of contracts have been returned, with a small number outstanding. (7 are back and 3 are outstanding, in relation to respite contracts.) All families have been contacted and asked to return completed contracts by the end of the week 17th July 2015.

Proposed Timescale: 17/07/2015

Theme: Effective Services

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

A resident's written agreement did not accurately detail the number of nights they were entitled to avail of the service.

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:

Immediately after the inspection the PPIM and PIC reviewed the NIDD and HSE funding for this service user and the correct number of nights are listed on her contract of care.

Proposed Timescale: 27/05/2015

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 with Down Syndrome had not received a baseline screening to assess and inform the response to the risk of developing dementia.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Both service users were referred to psychology by 24 June 2015 and have been placed on the waiting list. Dementia screening will be completed by 30 October 2015.

Proposed Timescale: 30/10/2015

Theme: Effective Services

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

It was not evident that arrangements were in place to meet the needs of residents in regard to changes in residents' weight.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

From the inspection the PPIM and PIC has agreed that they will audit the weight charts of service users on a two monthly basis. If service users have significant weight increase or decrease, a referral will be made to the dietician.

Commenced on 29/06/2015 and every two months after.

Proposed Timescale: 29/06/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

It was not evident that all assistive equipment required by residents was provided in the centre.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

Occupational Therapy referral (21.06.15) has been made by PIC in relation to the grabs rails for both bathrooms in the two houses and this will be completed by 14.08.15.

The sensor mat which was specified by the Physiotherapist has not been trialled and a Protean 3 Floor level bed has been trialled instead of the sensor mat since 4 June. If the Protean 3 Floor level bed is deemed appropriate, the resources will have to be sought in order to acquire same.

Proposed Timescale: 14/08/2015

Theme: Effective Services

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

It was not evident there was suitable storage in the centre to meet the needs of all residents.

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:

Storage issue in relation to the service users chair was actioned immediately, (25/05/2015), it is at all times left in either the sitting room or living room, depending on other service user's needs.

The Shower Trolley is moved between the two bathrooms at present. It does not affect any service user's toileting/showering while being moved between the bathrooms. It is

specifically moved out for one service user who displays self-injurious behaviours.

Proposed Timescale: 25/05/2015

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:

Some staff had not taken part in a fire drill in the centre.

There was inadequate evidence the centre could be evacuated in the event of a fire at night.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Following the inspection the PIC has completed a plan to have all staff complete a fire drill. This will be completed by 31/08/2015

Night time fire drills were completed on the weekend 6th of July 2015, in both units in Ash Services. These occurred at 5am in the morning. More are planned for the end of the July and more in August. An assimilation night time fire drill will also be completed at the next team meeting 28th July 2015.

Proposed Timescale: 31/08/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

It was not evident that all restrictions on residents' rights were applied in accordance with national policy and evidence based 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:

On the 25 May 2015 a protocol was put in place in relation to the use of a monitor for

one service user. The monitor was sanctioned by the Multi-Disciplinary team as an interim measure. A more detailed Protocol is now in place for the monitor including the rationale behind same.

This was completed on the 3/7/15.

This will be reviewed by the new bed rail committee. In relation to all restrictions which have been referred to the Human Rights Committee they will be reviewed.

Proposed Timescale: 03/07/2015

Theme: Safe Services

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

The measures in place for supporting residents to manage their money were not robust.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The PIC and PPIM ordered the bank statements immediately following inspection. We have scheduled financial audits to be completed every two months. (Starting 29/06/2015).

Proposed Timescale: 29/06/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Medication transcription and administration procedures were not adequately robust to ensure residents were protected by safe medication management procedures.

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:

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The PIC, 24 hours after the closing meeting on the 26 May 2015, rectified the medication issues and this was reviewed by the medication trainer within the service. Weekly audits are being completed by the PIC and being reviewed by the PPIM.

Following correspondence from the Regulatory Officer, written assurance was sent to HIQA from Breda Crehan–Roche, CEO/Registered Provider Nominee.

Proposed Timescale: 05/06/2015 commenced and ongoing weekly audits. 22/06/2015 (letter sent).

Proposed Timescale: 05/06/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Management systems were not adequately ensuring the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The PIC who has been appointed will remain as PIC for the foreseeable future. The PPIM and the PIC will complete the process of internal audit on all files of services users to ensure that the PIC has all background knowledge in relation to their care. The PIC and PPIM will have 6 weekly supervision meetings to ensure that all areas of governance and management are met.

Proposed Timescale: 31/07/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff had not received training in the administration of a medication which one resident was prescribed in the event of a specific medical emergency.

Action Required:

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

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

At present the training department are co-ordinating a date to provide "Oxygen administration Instruction" to all staff in the centre.

On 24th of July at the team meeting the in house medication trainer and person in charge will show and observe staff in Oxygen training while we await the formal training. Risk assessment will be updated to include same. We will note this in minutes of our meeting.

Proposed Timescale: 30/08/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

A copy of the duty roster and a separate record of whether the roster was actually worked was not maintained.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The PIC has an actual and worked rota in place since 1 June 2015 and this will continue.

Proposed Timescale: 01/06/2015