

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0004063
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Ability West
<b>Provider Nominee:</b>	Breda Crehan-Roche
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	Gary Kiernan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## **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:
29 July 2015 10:10	29 July 2015 18:10
30 July 2015 09:40	30 July 2015 13:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the first inspection of this centre which comprises of one house and provides a residential and respite service. A residential service is provided to three residents on a full time basis and two residents for alternating weeks each month. A respite service is provided to four people with a maximum of two persons availing of the service on each night (all are referred to as residents hereafter). Frequency and length of stay in the centre is determined in response to individuals' assessed needs.

As part of this inspection inspectors met with residents, staff, the person in charge of the centre and a person participating in management. Inspectors 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.

Prior to and following this inspection an 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.

Inspectors found that residents were receiving a good quality service in line with their assessed needs. It was evident staff knew residents well and were aware of residents' needs, likes and dislikes.

9 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) with 5 outcomes in substantial compliance and 4 outcomes judged as moderately non compliant.

Areas identified as requiring improvement were

- Documentation of complaints
- Contracts for the provision of services
- The assessment and response to some residents' needs
- The completion of a behaviour support plan
- The notification of restrictive practices to the Authority
- Medication Management
- Governance and Management

**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. Some improvement was required to the documentation maintained in regard to complaints received.

Resident consultation meetings were taking place on a weekly basis. The minutes of the meetings showed that activities and food menus were discussed at these meetings. Appropriate communication aids such as pictures were used to support residents to participate fully in the meetings.

Staff spoken with outlined the way they ascertain residents' preferences in regard to their daily routine, access to activities and community involvement.

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. Residents' personal property including monies was kept safe through appropriate practices and record keeping. An inspector viewed a sample of residents' finances and found that records were maintained, receipts were present for all purchases and balances were accurate.

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

Improvement was required to the documentation in regard to the management of complaints. The person in charge outlined the response to complaints received. However, the detail of the investigation, actions taken in response to the complaint and the complainant's satisfaction with the outcome was not recorded.

**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.

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:**

There was evidence that residents were supported to develop and maintain relationships with family and friends.

Families were invited to attend and participate in residents' 'circle of support' meetings and case review meetings. There was evidence that families were kept informed and updated of relevant issues where the resident wished for their family to be involved.

There were adequate facilities for residents to meet with family members and friends in private. Residents were supported to access community activities in line with their wishes.

**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' admission to the centre was in line with their assessed needs and the centre's statement of purpose.

Communication aids such as social stories were used to support residents in regard to

the introduction of new residents to the centre.

Each resident had a written agreement which outlined the service provided and the fees being charged. The written agreement included an outline of any additional charges payable by the resident. Some contracts had not been signed and it was therefore not evident the contract was agreed by all parties.

**Judgment:**

Substantially 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):**

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

**Findings:**

Residents had individual personal plans which outlined their assessed health, personal and social care and support needs. Improvement was required to the assessment of and response to some residents' needs.

Personal plans were reviewed on an annual basis and more frequently where required. It was evident residents had been supported to be actively involved in the assessment to identify their individual needs and choices.

Plans outlined the supports residents required and included an outline of the input of multi-disciplinary professionals where relevant. For example, residents had been supported to attend speech and language therapy, chiropody and psychology.

Residents had been supported to identify goals on an annual basis and it was evident residents were supported to achieve these goals. Short term goals were identified and it was evident the goals were improving outcomes for the resident. Progress on the achievement of goals was maintained and reviewed on a regular basis.

Case review and multi disciplinary meetings took place regularly and these meetings were attended by all relevant people with clearly documented minutes of discussions and actions agreed as contained in residents' personal files.



Improvement was required to the assessment of some residents' needs. For example, some residents' needs in regard to nutrition and positioning where support was required had not been assessed. Inspectors found that this had resulted in inadequate guidelines for staff and some residents needs not being adequately responded to.

**Judgment:**

Substantially Compliant

**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 one house located in a town. The centre contained adequate communal and private accommodation for the residents. There was a garden which was enclosed and could be accessed freely by residents.

Each resident had an individual bedroom. Two bedrooms shared an en suite bathroom while others had access to shared bathroom facilities. Bedrooms were suitably decorated and residents had personalised their rooms and the communal areas.

Appropriate assistive equipment was available for residents, for example a hoist and grab rails where required.

**Judgment:**

Compliant

**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.

There was a safety statement and risk register which set out the risks in the centre and the associated control measures. The risk management policy identified the procedures for the identification and management of risk in the centre. However, it did not contain all items required by the Regulations. This is included in the action plan under Outcome 18: Records and documentation.

Residents had individual risk assessments which outlined the risks individual to residents and the measures in place to control the risks. This included individual missing person profiles for each resident.

Residents had individual plans which outlined residents' support needs in regard to moving and handling. A copy of these was maintained in residents' bedrooms.

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

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 was an emergency plan which guided staff regarding the evacuation of the centre in the event of a fire or other emergency. A critical response plan was on display and included the detail of alternative accommodation should it be required.

There were systems were in place for the prevention and detection of fire. Regular fire drills were carried out and documentation was maintained. Records were reviewed by the health and safety officer to identify any required learning.

Staff had received training in fire safety and staff spoken with were knowledgeable of the evacuation needs of residents.

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

There was a hard wired system of emergency lighting in the centre. Staff in the centre carried out routine documented checks on this system and it was observed to be fully operational at the time of inspection. However, this lighting was not routinely serviced by the professionals in fire safety. Inspectors were given assurances by senior management that this would be addressed and observed that arrangements were being made to address this during inspection.

Individual personal evacuation plans outlined the support required by residents in the event an evacuation of the centre was necessary.

**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):**

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

**Findings:**

The centre had implemented measures to protect residents being harmed or suffering abuse. There was a policy and procedures in place for responding to allegations of abuse. 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.

There was a policy and procedures in place for the provision of intimate care. Residents had individual intimate care plans which identified the supports residents required in regard to intimate and personal care.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques.

There were policies and procedures in place on the use of restrictive procedures and physical, chemical and environmental restraint. Some residents were prescribed restrictive procedures as part of the management of their behaviours that challenge. Where restraint was administered it was evident that all alternative measures were considered, the least restrictive procedure, for the shortest duration necessary, was used and the rights of the resident were protected.

Residents who required support with behaviours that challenge had support plans in place. Inspectors viewed a sample of behaviour support plans and found that while there was some evidence of appropriate support and care in this area, improvement was required to one plan.

The plan did not adequately outline the specific supports required by the resident in regard to some aspects of the behaviours described, the rationale behind some approaches used was not clear and some language used in the plan required review. It was therefore not evident that staff had adequate information to respond to the resident's behaviour and to support them in managing their behaviour.

**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):**

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

**Findings:**

A record of all incidents occurring in the designated centre was maintained. The inspector viewed a sample of these and found systems were in place for responding to incidents.

Some improvement was required to the submission of notifications to the Authority. Some incidences of the use of restrictive practices had not been notified to the Authority as part of the quarterly notifications. The person in charge attributed this to a misunderstanding regarding the reporting of the use of restrictive practices.

**Judgment:**

Non Compliant - Moderate

**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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> Residents were supported to access education and training programmes and all residents were accessing day supports. The service provider supported residents to access the day programme they attended when living at home by providing transport.</p> <p>Residents were supported to access activities in the evenings and at weekends in line with residents' wishes.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 11. Healthcare Needs</b> <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> Residents were supported to achieve and enjoy the best possible health.</p> <p>The inspector viewed a sample of residents' personal plans which showed that the residents' health needs were being identified and responded to.</p> <p>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 supports residents required.</p> <p>Residents were supported to access their general practitioner (GP) and allied health professionals as required.</p> <p>Food was available in adequate quantities and residents were supported to make healthy food choices. Some improvement was required to the assessment and response to changes in residents' weight. Although a resident's weight loss had been identified in their annual health review there was no plan in place to support the resident. This was brought to the immediate attention of the person in charge. This is discussed and included in the action plan under Outcome 5: Social Care Needs.</p>

Improvement was required to the measures in place to support residents with dental care. While staff supported residents to maintain oral health on a daily basis, residents had not attended the dentist since 2012 and there was no system to ensure residents received preventative dental care.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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.

Staff had received training in the administration of medication which included training in administering a medication which would be used in a specific medical emergency.

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. The transcribed sheet was not signed by the general practitioner. Staff were administering medication using the transcribed sheet as guidance.

The transcribed sheets did not contain adequate detail to ensure residents were protected by safe administration practices. For example, residents were prescribed PRN (as required) medication and the frequency of dosage, required time between doses and maximum dosage was not detailed on the transcribed sheets.

There was no procedure in place to guide staff when administering PRN (as required) medication. This could result in inconsistencies in responding to residents needs, for example in regard to the administration of pain relieving medication.

There was inadequate oversight of the medication management practices in the centre. Although a medication audit had been carried out in July 2015 the errors identified by the inspector had not been identified as part of this audit. The inadequate oversight and the systems in place were placing residents at risk.

Improvement was required to the documented response to medication errors. An error had been identified and an appropriate immediate response had been taken. However, the documentation did not show how the risk of re-occurrence had been mitigated.

**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):**

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

**Findings:**

There was a written statement of purpose which sets out a statement of the aims, objectives and ethos of the designated centre. It also states the facilities and services which are to be provided for residents.

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

The inspector was told the statement of purpose will be kept under review at intervals of not less than one year.

**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. Improvement was required to the completion of an annual review of the quality and safety of care and support in the centre, the frequency of unannounced visits to the centre by the provider and the system for providing out of hours support for staff in the event of an emergency.

The person in charge worked alongside staff in delivering the service to residents. Both the person in charge and the person charge's line manager were present on both days of inspection and both said there was good communication across all levels of the organisation.

The person in charge was interviewed on the second day of inspection. He was knowledgeable of the legislation and his statutory responsibilities.

Inspectors interviewed the person charge's line manager and found he was knowledgeable of the residents, the centre and his role in supporting the person in charge.

Inspectors viewed documentation which showed that unannounced visits had been carried out in January 2015 and July 2015. The provider had devised a template based on the Authority's 18 outcomes. 9 outcomes had been reviewed at each visit.

An unannounced visit had not been carried out at least once every six months as required by the Regulations.

An inspector reviewed the findings from the unannounced visits and found that areas for improvement had been identified and responded to. For example, the use of social stories for a resident and some improvements to the premises had been addressed.

An annual review of the quality and safety of care and support in the centre had not taken place in accordance with the requirements of the Regulations.

There was a system for providing out of hours support to the centre in the absence of the person in charge, however it needed to be formalised. The inspector was told by the person in charge, the person in charge's line manager and staff that the person in charge is contacted in the event of an emergency. If the person in charge is not contactable staff are required to contact the area manager, director of services or chief executive officer. Inspectors were given assurances that this would be rectified.

**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 person in charge had not been absent from the centre for a period which would require notification to the Authority.

The person in charge's line manager was the person identified as the person who would act as person in charge of the centre in the absence of the person in charge. The line manager was present on both days of inspection and the inspector carried out an interview with this person on the second day of inspection.

The line manager was knowledgeable of the person in charge role should he be fulfilling this role.

**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.

**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 and minutes of meetings and actions agreed was maintained. The person in charge was working alongside and informally supervising staff on an ongoing basis.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to abuse, moving and handling, resuscitation and in the safe administration of medication. The person in charge identified the need for First Aid Training for staff and told inspectors he had a plan for addressing this.

An inspector viewed a sample of staff files and found the files met the requirements of Schedule 2 of the Regulations.

There was one volunteer working in the centre. An inspector viewed the file maintained for the volunteer and found appropriate documentation was maintained including evidence of An Garda Síochána vetting.

**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)*

**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.

An inspector viewed the directory of residents and found that it contained all required information.

The risk management policy did not contain the measures in place to control all risks specified in the Regulations.

**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 Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0004063
<b>Date of Inspection:</b>	29 July 2015
<b>Date of response:</b>	02 September 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The detail of the investigation, actions taken in response to the complaint and the complainant's satisfaction with the outcome was not recorded.

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The Complainant has been contacted and has confirmed that she is happy with the resolution. This has been documented in the complaints log. The Person in Charge will review complaints monthly as part of monthly audits and will ensure compliance.

**Proposed Timescale:** 25/08/2015

**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 contracts had not been signed and it was therefore not evident the contract was agreed by all parties.

**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:**

Outstanding Contracts of Care have been signed by all parties.

**Proposed Timescale:** 31/08/2015

**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:**

Some residents needs had not been adequately assessed to reflect changes in needs.

**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:**

(a)In relation to one resident's nutritional needs, the resident in question was seen by his GP on 20/08/2015. The GP has referred the resident to a dietician. The Person in

Charge is to organise a private consultation with a dietician to ensure that the resident is assessed in a timely manner.

(b) In relation to one resident's positioning, the Person in Charge has been in contact with the organisation's physiotherapist. He has recommended the most suitable mattress. Quotes have been sought for this mattress and submitted to the line manager for approval.

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

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

A positive support plan did not adequately outline the supports required by the resident to ensure staff could respond to the resident's behaviour that challenges and support the resident to manage their behaviour.

**Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The specific plan mentioned has been reviewed by the multi-disciplinary team. Adequate supports for resident and staff are now outlined in the support plan.

**Proposed Timescale:** 11/09/2015

### **Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

The use of some restrictive practices had not been notified to the Authority.

**Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

The use of all restrictive practices has been reviewed and the quarterly notification has been re-submitted to the Chief Inspector. The Person in Charge now understands that all restrictive practices are to be reported in every quarterly notification

**Proposed Timescale:** 13/08/2015

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

There were ineffectual systems for ensuring residents received appropriate care in regard to receiving appropriate support to maintain oral health.

**Action Required:**

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

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

To ensure ongoing compliance, the Person in Charge has now put in place a schedule on the front of the care plan to ensure appointments and schedules are kept with all Allied Health Professionals.

One resident was seen by their dentist on 21/08/2015 and appointments are scheduled for two other residents on 28/08/2015.

**Proposed Timescale:** 28/08/2015

### **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 procedures, auditing practices and response to medication errors 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:**

A new policy has been developed on Medication Management. The new policy removes the risk of transcribing. The MARS sheets are produced by the Pharmacist and are countersigned by the GP.



In relation to safeguarding and safety the new policy directs the Person in Charge to carry out monthly checks. A peer review will also be carried out bi-monthly to ensure compliance.

The medication audit will ensure that all members of the inter-disciplinary team are involved. The aim of the audit shall be to consider and identify contraindications, problems with safe administration of medication and medication interactions.

The Person in Charge commenced implementation of the new policy on 19/08/2015 and this will be fully implemented the 16/10/2015.

**Proposed Timescale:** 16/10/2015

#### **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:**

An annual review of the quality and safety of care and support in the centre had not taken place.

**Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Annual Review has now taken place in accordance with the regulations.

**Proposed Timescale:** 31/08/2015

**Theme:** Leadership, Governance and Management

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

The registered provider, or a person nominated by the registered provider, had not carried out an unannounced visit to the centre at least once every six months.

**Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

A Provider Led audit was carried out on 20/01/2015 A further Provider Led audit was carried out on 24/07/2015. This has been signed by all parties and is available for inspection.

**Proposed Timescale:** 31/08/2015

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The risk management policy did not contain the measures in place to control all risks specified in the Regulations.

**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 risk management policy has been reviewed to identify all risks specified. Measures are now in place to control these risks.

**Proposed Timescale:** 21/08/2015