

**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-0004065
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:	3
Number of vacancies on the date of inspection:	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:
21 July 2015 09:50	21 July 2015 19:50
22 July 2015 10:00	22 July 2015 17:40

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 two residents on a full time basis and one resident for four nights each week. A respite service is provided to four people with a maximum of one person 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 individually assessed needs.

This centre was a children's respite service providing a respite service to six children since 2007 with one respite person admitted in 2013. In January 2015 the youngest

person in this centre reached the age of 18 and the provider nominee (hereafter called the provider) notified the Health Information and Quality Authority (hereafter called the Authority) they were applying to register the centre as a centre for adults.

It was evident the centre was in the process of transitioning from a centre for children to a centre for adults. Residents were being supported to transition from school to adult day programmes with one resident remaining in school for a further year. The person in charge outlined the way residents were being supported and the way staff were being guided in regard to the service changing from one for children to one for adults.

The person in charge and staff were aware of the changing needs of residents as they transitioned from children to adults. The implementation of an increase in the methods of consulting with residents and supporting residents to communicate was outlined to the inspector. The person in charge outlined the ways this would be expanded to further support residents in the transition from childhood to adulthood.

As a result of the residents' specific assessed needs the inspector was limited in the time spent interacting with or in the presence of residents. The inspection was carried out in accordance with residents' needs and wishes. In the absence of interacting with residents the inspector spoke with staff and the person in charge and reviewed relevant documentation.

The inspector 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.

12 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 2 outcomes in substantial compliance and 4 outcomes judged as moderately non compliant.

Areas identified as requiring improvement were

- Health and Safety and Risk Management
- Safeguarding and Safety
- Notification of Incidents
- Medication Management
- Governance and Management
- Records and documentation

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.

Resident consultation meetings had commenced two weeks prior to the inspection and 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. The person in charge outlined the way these will be expanded to ensure residents are consulted in regard to all aspects of their lives.

Residents were consulted about the running of the centre 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. Some intimate care plans required improvement as they were not adequately comprehensive to ensure residents were supported in line with their assessed needs and wishes. This is included in the action plan under Outcome 18: Records and documentation.

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: Safeguarding and Safety.

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

Judgment:

Compliant

Outcome 02: Communication

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

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. Residents requiring support had been facilitated to attend speech and language therapy and the expansion of residents' communication needs was outlined in personal plans and in the behaviour support plans. It was evident that the importance of supporting residents to communicate was recognised and supported.

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. The inspector observed a resident using a communication aid which had been implemented in January 2015 and which was supporting the resident to communicate their needs to staff.

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 was undertaking 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 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:
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 and residents were supported to access activities in the local community.

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. It was evident the centre was meeting the needs of residents in regard to the support provided and the physical premises.

It was evident the changing needs of residents in this centre was being considered and planned for. The inspector was told, and documentation viewed confirmed, that a purpose built bungalow was being built for the residents using this centre. The inspector was told the bungalow would provide more communal space and would meet the needs of residents should their mobility support needs change.

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.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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. 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.

Judgment:

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 housing estate 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. Some bedrooms had en suite facilities while others had access to shared bathroom facilities. Bedrooms were suitably decorated and residents had personalised their rooms.

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 grab rails in the bathrooms where required.

Residents had access to suitable storage to store their belongings. Each respite user had a locked drawer to store personal items in a secure place while they were not in the centre.

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. Improvement was required to the risk management policy and to the procedures in place for ensuring the centre could be safely evacuated in the event of a

fire or other emergency in the centre.

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.

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.

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 short term contingency plan was in place in the event of a loss of heating or water or a burst pipe in the centre. The measures to be taken by staff were clearly outlined in this plan.

The centre had emergency lighting and a fire and intruder alarm. The inspector reviewed the maintenance and servicing records for these and found that they had been serviced.

Staff had received training in fire safety. However, it was not evident that all staff were aware of the support needs of residents should an evacuation of the centre be necessary. Staff spoken with gave the inspector conflicting information regarding the level of support required by residents to evacuate the centre. Staff and the person in charge gave the inspector conflicting information regarding the procedure to be followed if a resident declined to leave their bedroom in the event of a fire.

Some residents and staff had not taken part in a fire drill. Fire drills had not taken place at night and it therefore could not be assessed if the centre could be evacuated at night when residents were sleeping. Some residents were prescribed medication to induce sleep at night and the impact of this on the evacuation of the centre had not been assessed.

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:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. An allegation of abuse which had been identified in December 2013 had been responded to. However, it had not been notified to the Authority within the timeframe specified in the Regulations. This is discussed further under Outcome 9: Notifications.

Staff had received training in the prevention, detection and response to suspected or confirmed allegations of abuse. Staff spoken with were knowledgeable of the measures to be taken to support residents and knew what abuse was and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. There was a designated person to respond to allegations of abuse and staff knew who this person was and how to contact them.

Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques. Residents requiring support with behaviours that challenge had behaviour support plans in place which outlined the support the resident required and the measures to be taken which included de-escalation techniques.

Restrictive measures such as physical restraint, seclusion and the administration of a PRN (as required) medication were in use. The use of these measures was clearly documented and a behaviour support plan outlined the specific circumstances in which the measures would be used. The inspector observed staff responding to residents in line with the strategies outlined in the behaviour support plan.

Although data regarding the incidences of behaviours that challenge and use of restrictive measures was collated, and some graphs were formulated, there was no auditing of the information to identify trends in incidences of behaviour. As this information was not being collated possible triggers were not being identified. It was therefore not evident that the use of restrictive practices was the least restrictive measure necessary.

The inspector viewed a sample of residents' finances. Documentation was maintained and there was a system in place for checking finances including a daily check which was completed by staff on duty. Some improvement was required to the systems in place to ensure residents' finances were protected by safe procedures and practices.

The inspector reviewed between one and three months of data in regard to residents' finances. The person in charge told the inspector that he completes a 'spot check' of

finances. The inspector found an error in calculating had resulted in a resident having a small amount of money less than they should have. This was brought to the immediate attention of the person in charge.

The practice in regard to supporting residents to withdraw their money required review to ensure residents were protected by appropriate practices. The person in charge told the inspector he would review this.

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. 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. An allegation of abuse which had been identified in December 2013 had not been notified to the Authority within three working days as required. The allegation was notified in July 2015 and the inspector was informed it had been identified in an internal audit.

Some incidences of the use of restrictive practices had not been notified to the Authority as part of the quarterly notifications. These had been identified and amended quarterly notifications had been submitted. The person in charge attributed this to a misunderstanding regarding the reporting of the use of restrictive practices.

The person in charge told the inspector that he and all members of management were now aware of the requirement to notify the Authority in line with the requirements of the Regulations.

Judgment:

Substantially 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 school or day programmes.

There was evidence residents were being assessed and supported in regard to suitable day programmes when they finished school, with some residents in the process of transitioning from school to day programmes at the time of inspection.

Day programmes were provided by the provider or by another organisation which provided day programmes in the locality. There was evidence of good communication between the two service providing organisations with evidence of attendance by staff and management of both organisations at meetings such as case reviews and circle of support meetings.

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 the 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 supports residents required.

Residents were supported to access their general practitioner (GP) and allied health professionals as required.

Food was available in adequate quantities and residents were supported to make healthy food choices.

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.

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 which had not been signed off by the GP. The inspector found that this was not a safe procedure and increased the risk of error.

Errors on the transcribed sheets were placing residents at risk of receiving inaccurate doses of PRN (as required) medication. The dose of some medications had been transcribed inaccurately which could result in a resident receiving more or less medication than prescribed over a 24 hour period. For example, pain relieving medication was transcribed to be administered in excess of the GP (general practitioner) prescription and a medication to treat anxiety which was prescribed to be administered twice in a 24 hour period was transcribed as to be administered once in a 24 hour period. In addition, the time required between doses of medication was not adequately specific.

The maximum dose and prescribed route of medication was not detailed on the transcribed sheets for all medications.

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.

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 oversight of some

areas of service provision, 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 assessment of the risk in regard to the support for staff in the evenings and at weekends.

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. Residents were observed interacting with the person in charge and it was evident they knew him well.

The inspector 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.

The inspector viewed documentation which showed that an unannounced visit had been carried out in June 2015 and announced visits had taken place in May 2014 and August 2014. It was evident areas for improvement were identified and responded to. However, an unannounced visit had not been carried out at least once every six months as required by the Regulations.

The unannounced visit in June 2015 had been carried out by two people nominated by the provider. A follow up visit had taken place in July 2015 by a different person and the purpose of this was to follow up on the actions arising from the visit in June 2015. The provider had devised a template based on the Authority's 18 outcomes. All 18 outcomes had been reviewed as part of the visit.

The inspector reviewed the findings from this unannounced visit and found that areas for improvement had been identified and responded to. For example, consultation with residents had been strengthened by commencing weekly house meetings.

Some areas identified by the inspector as requiring improvement had not been identified as part of the unannounced visit in June 2015. Inadequate oversight in regard to the management of medication, the review of information collated in regard to behaviours that challenge and the use of restrictive practices and the management of residents' finances were identified on inspection. These areas are discussed further under outcomes 8 and 12

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

Improvement was required to the system for providing out of hours support to the centre in the absence of the person in charge. 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.

This was not a formal arrangement and presented a risk that the staff member needing support may be unable to access it in a timely manner.

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 and in the safe administration of medication.

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

There were no volunteers working in the centre.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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.

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

Improvement was required to some documentation to ensure residents were receiving support with their personal care consistent with their needs. Some residents' intimate care plans were not adequately detailed to ensure residents received support in line with their needs and wishes.

The staff roster required improvement to ensure that all staff working in the centre and times staff were rostered was clearly identifiable. Some staff names were difficult to identify and first names only were in use. An abbreviation to indicate staff working waking nights was in use and it did not identify the start and finish times of staff rostered to work this shift.

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:

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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-0004065
Date of Inspection:	21 July 2015
Date of response:	01 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 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:

It was not evident that all staff and residents were aware of the procedure to be followed in the event of a fire in the centre. Some staff and residents had not taken part in a fire drill and fire drills had not taken place at night.

Action Required:

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

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:

(a) All staff and residents have now completed a fire drill and a record is kept of same.

(b) Deep sleep fire drill has now taken place.

(c) Fire Evacuation Plans have been re-drafted. All staff have now read and signed same.

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 the use of restrictive practices was the least restrictive measure necessary.

Action Required:

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

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

(a) Monthly auditing tool now in place to review QMIS (system which records behavioural incidents) on a monthly basis. This will review issues such as frequency, time, staff involved, and where physical, chemical or environmental restraint were used and where behaviours were resolved without need for same.

(b) Behaviour support and psychology involved to lead interventions and review best practice in relation to approaches to behaviours that challenge.

Proposed Timescale: 21/08/2015

Theme: Safe Services

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

Some systems in place to support residents to manage their finances required improvement to ensure they protected residents from the risk of financial abuse.

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:

(a) The Person in Charge has implemented a monthly auditing tool and a comprehensive audit of service users monies will take place monthly, checking receipts against recording in service users' cash book, count monies to check for errors and review items bought and if appropriate for the service user.

(b) Service user to be present at ATM when withdrawing monies.

(c) Policy and Procedure on Managing Residents Finances is an agenda item for the next staff meeting.

Proposed Timescale: (a) 21/08/2015, (b) 21/08/2015, (c) 30/09/2015

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 within the timeline specified in the Regulations.

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:

As per report error occurred in initial reporting stages of the new regulations at the time. Person in Charge is now aware of the notifications to the Authority. Quarterly notifications re-submitted for end of 2013 and 2014.

Proposed Timescale: 21/08/2015

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 and auditing practices 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

being 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 on 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 in accordance with the regulations will be completed by 30/09/2015.

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

The management systems in place were not adequately ensuring that the service in regard to the management of residents' medication, the management of residents' finances and the use of restrictive practices were safe, appropriate to residents' needs, consistent and effectively monitored.

There was no formal arrangement for providing emergency out of hours support for staff working in the centre which presented a risk that staff needing support might not be able to access it in a timely manner.

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:

(a) New auditing tool agreed by PIC and PPIM regarding auditing systems in place. Monthly checks by PIC to review medication, finances and use of restrictive practices. This to be a standing issue at support meetings between PIC and PPIM.

(b) In the event of an emergency arising at night or if a staff member is working alone and where additional support is required a risk assessment has been completed and further control measures have now been put in place and risk register updated accordingly. In practice the Senior Social Care Worker or staff on duty in the service takes the lead role when the Person in Charge is off; in the event of an emergency arising, the senior staff on duty will contact another team member or a relief worker and have them report for duty and assist with the emergency. A group co-operation arrangement is in place with other local services. This has been risk assessed through a process of data gathering, analysis and review.

Proposed Timescale: (a) 30/09/2015, (b) 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 and 24/07/2015. These reports are now signed and ready 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

Theme: Use of Information

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

Some residents' intimate care plans were not adequately detailed to ensure residents received support consistent with their needs and wishes.

Action Required:

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

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

Intimate and personal care plans have been reviewed and re-drafted to ensure residents receive support consistent with their needs.

Proposed Timescale: 21/08/2015

Theme: Use of Information

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

The staff roster did not clearly identify the names of staff working in the centre and the start and finish time of all staff.

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 staff roster now reflects the full name of the staff and the hours of work using the 24hour clock.

Proposed Timescale: 21/08/2015