

**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-0004068
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal 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:
16 June 2015 09:30	16 June 2015 18:30
17 June 2015 09:30	17 June 2015 16:30

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

As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as personal plans, medical records, policies and procedures.

The inspector found that residents received a good quality service in the centre. Staff were very knowledgeable regarding each resident's needs and the inspector found that individual needs were being met. Staff supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to interact in the

local community.

Staff and residents knew each other well, residents were observed to be relaxed, happy and comfortable in the company of staff.

The centre was comfortable, appropriately furnished, well maintained and had been refurbished and upgraded within the past year. There was a well kept, furnished garden and the centre was close to the amenities of the town.

There was significant improvement required to the management of medication. Some improvement was also required to recording of staff training, operational policies, quality improvement, support for night staff and the risk register and policy. The statement of purpose and residents' contracts of care were in substantial compliance with the Regulations, but required some further development. Some further clarification was also required on how the organization assessed the suitability and qualification of external contractors.

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:

The inspector found that residents were consulted in how the centre was planned and run and their privacy and dignity were respected.

There were weekly residents' meetings during which residents could make plans and discuss issues of importance to them. Staff recorded minutes of the meetings, which showed that these meetings were also used as a forum for staff to share information with residents. The forthcoming HIQA inspection had been discussed with residents at a recent meeting. Fire safety, complaints, healthy eating and safeguarding were regularly discussed and advocacy and the complaints process had been explained to residents. Residents were also involved in household activities such as meal planning, shopping and food preparation as they wished and some residents and staff did grocery shopping together during the inspection.

The person in charge had recently switched from recording complaints in a log book to using a computerised system. The inspector viewed the recording of complaints and found that they were suitably recorded, with details of the complaint, the investigation and outcome recorded. The number of complaints received had been very low. The complaints procedure was written in a legible format, including pictures, and was designed to be clear and accessible to both residents and their families. There was also a complaints policy which provided guidance to staff on the management of complaints. There was an independent appeals process which could be used in the event of a complainant not being satisfied with the outcome of a complaint. Complaints and their management were reviewed by the management team to ensure they were managed in line with organisational policies and were suitably resolved to the satisfaction of the

complainant.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms which were well furnished and had ample storage space. These rooms were decorated with photographs, pictures, trophies and personal belongings. Most residents had individual toilet and shower facilities, while there were two bedrooms which shared a spacious well-equipped en suite shower room. One of the bedrooms was a respite room which was shared by three residents on an alternating basis. Each resident had sole occupancy of the room during their stay. The person in charge had measures in place to ensure that the privacy, comfort and individuality of these residents were not compromised by sharing this room. When the occupancy of the room was changing staff carefully packed all the vacating resident's personal belongings and clothing and these were securely stored and replaced in the same manner before the resident returns. This arrangement was in place for both the residents using this respite room, and ensured that none of their belongings were shared or used by any other person.

An intimate personal plan had been developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.

Residents' civil and religious rights were respected. All residents were registered to vote and could attend the local polling station if they chose to do so. There was a church in the nearby town which staff supported residents to visit or attend Mass if they wished. An advocacy service was available to residents.

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 were strong systems in place to assist and support residents to communicate.

Most of the residents in the centre did not have significant communication difficulties, but assessments had been undertaken and communication plans which identified the most appropriate communication techniques for him/her had been developed for some residents.

Objects of reference and pictures were in use to enhance communication with some residents. For example, a selection of coloured picture cards had been developed for a resident who sometimes needed assistance in identifying or explaining objects. For other residents, staff had created a range of coloured picture cards to represent a large selection of grocery and other items which residents could buy at the local supermarket. These were used to plan the daily shopping requirements. Each afternoon the residents sat together, and with the assistance of the cards, decided what they wanted to have for dinner and planned the shopping list. Following this any residents who wished to, went to a nearby supermarket with staff to buy the makings of the evening meal. There was also a folder of pictures of main meals to assist mealtime decision making.

There was a variety of information displayed in accessible format on the kitchen notice boards, including complaints procedure, information on abuse and bullying and notices of local community and entertainment events. There was a picture board, which changed daily, with names and pictures of the staff on duty and sun and moon symbols to indicate if they were on duty during the day or night. There were also up to date pictures to remind residents of the daily activities and which ones residents usually participated in. Information and guidance on food and nutrition was also well presented to residents. The person in charge had provided a wide range of appropriately displayed guidance about healthy eating choices, portion sizes and food safety. There were also clear pictorial cues to assist residents with recycling.

All residents had access to televisions, radio, postal service, telephone, newspapers and magazines.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents who lived in the centre were supported to maintain relationships with their families. All residents, including those receiving respite care, were encouraged and supported to interact in the local community.

There was an open visiting policy. Family and friends could visit at any time and there was sufficient space for residents to meet visitors in private if they so wished. Long term residents also visited and stayed with family members regularly throughout the year.

During the inspection one resident went out to visit his family and a relative of another resident came to visit the centre. Each resident had worked with staff to identify important people in their lives and details of how they could contact these people were retained.

Families were invited to attend and participate in residents' 'circle of support' meetings which took place every six months or more frequently if required. At these meetings residents, their family and key workers reviewed residents' personal goals and worked towards achieving them. Records indicated that families were kept informed and updated of relevant issues and a relative who spoke with the inspector confirmed this to be the case. Some residents visited a day service each weekday where they had the opportunity to meet with and socialise with friends and to avail of educational opportunities.

Residents were supported to go on day trips, attend sporting and entertainment events, the hairdresser and dine out in local restaurants and bars. Residents frequently visited the shops and facilities in the town.

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:

Contracts for the provision of services were agreed with all residents. The inspector reviewed some contracts and noted that they included the services to be provided and the fees to be charged including the details of additional charges such as grocery and housekeeping contributions.

However, the contract required some further development. The contract was a generic document which was used throughout the services in the organisation. Therefore, some parts of it were not fully centre specific as it contained additional information not required for this centre, such as contributions to cost of motor fuel. The management team said that the contract would be revised and that an appendix would be added to reflect additional optional costs likely to be incurred by residents.

There had been no recent admissions to the centre and there were no immediate plans

to admit any new residents, however, there was an admissions policy to guide the process if required.

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:

The inspector found that each resident's social wellbeing was maintained by a high standard of assessment, care and support. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue interests appropriate to their individual preferences both in the centre, the resource centre and the community. All residents had personal plans which contained important information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and life goals and there was evidence of review and participation by residents in the development of their plans. Each resident had an identified 'circle of support' consisting of their families, friends and key workers. These groups met every six months to discuss and plan around issues relevant to the resident's life and wellbeing.

There was a range of activities and educational opportunities taking place in a local resource services which all the residents attended each weekday and residents' involvement was supported by staff. Residents frequently went to the local town, visited relatives, went on outings, and they always went out together socially one evening each week. Some residents were planning to go to Dublin to see the musical Mama Mia accompanied by staff. One resident played music in a bar at weekends.

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 design and layout of the centre suited the needs of residents. The centre was a two-storey house which was well maintained both internally and externally. The house was clean, warm, tastefully furnished and comfortable.

There was a variety of communal day space including a spacious sitting room and a large open plan kitchen and dining room. All bedrooms were for single occupancy. The bedrooms were bright, well furnished and decorated in colour schemes of residents' choice. Residents had adequate personal storage space in their bedrooms and could lock their bedroom doors if they chose to. Some bedrooms had en suite toilet and shower facilities and there were sufficient additional toilets and showers, including assisted facilities.

The house had recently been renovated, part of which included refurbishment of showers and toilets to provide spacious accessible facilities with safe and readily cleanable surfaces. While all the residents were independently mobile, ceiling hoists had been installed as part of the renovation, and were being serviced annually, and were available for use if required at a future time.

The inspector found the kitchen to be well equipped and clean. There were plentiful supplies of foods available, including fruit, vegetables and juices. There were separate office, bedroom, toilet and shower facilities for staff.

The inspector viewed the maintenance and servicing records which confirmed that equipment was in good working order. However, while there was record that the central heating system had been regularly serviced, there was no evidence available to verify that the person responsible for this servicing had the necessary qualifications.

Residents had good access to the outdoors. There was a paved outdoor garden, which was planted with flowers beds and supplied with garden furniture.

Judgment:

Substantially 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:

The inspector found that there were good systems in place to protect the health and safety of residents, visitors and staff, although some improvement to the risk register was required.

There was a recently reviewed risk management policy and procedure available to guide staff. The risk management procedure contained links to policies providing guidance of the specific risks specifically mentioned in the regulations such as unexplained absence, self harm and accidental injury. However, the risk management policy/procedure did not include guidance on the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Furthermore, the risk register was not centre specific. It provided guidance on risks which were not relevant to the centre and did not provide guidance on some risk which was evident, such as safeguards for use of the open fire which was lit occasionally. However, the inspector found that the centre was generally safe and no significant risks were noted during the inspection.

The inspector reviewed fire safety policies and procedures. There were up to date servicing records for all fire fighting equipment and the fire alarms. Quarterly fire evacuation drills took place involving all residents and staff. Timing of fire drill exercises were arranged to ensure that all staff and residents had the opportunity to participate. Records of all fire drills were maintained which included the time taken and comments recorded for learning. Individual evacuation plans had been developed for each resident. Internal checks of fire safety systems were in place, such as, daily checking of fire alarms and escape routes and monthly checks of fire extinguishers and these checks were being recorded. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

The person in charge stated that all staff had received up to date training in fire safety. Staff who spoke with the inspector were very clear on what actions they would take in the event of a fire and confirmed that they had received recent fire safety training. Records of fire safety training were viewed on a sample of staff files that the inspector read. The recording of staff training and accessibility of training records is further discussed in Outcome 18.

The person in charge had taken additional measures to increase fire safety awareness among residents. Fire safety was a frequent topic at the residents meetings and residents had participated in fire safety quizzes at these meetings. In addition, the person in charge had organised for the local fire officer and crew to visit the centre to

become familiar with the layout of the house.

There were separate missing person profile folders containing identifying information for each resident. In addition, there was a personal emergency evacuation plan on file for each resident, which contained useful information relevant to each person including prompts required and whether or not equipment is necessary.

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 were measures in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults with a disability from abuse. Members of the management team, who spoke with the inspector, confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area and clearly outlined the measures which would be taken in response to an abuse allegation.

The person in charge stated that all staff had received up to date training in 'client protection'. Staff who spoke with the inspector were very clear on what actions they would take in the event of suspected or alleged abuse and confirmed that they had received training in this topic. There was also a range of information available to residents to advise them of what constitutes abuse and bullying and how they should respond to it. This was also regularly discussed at residents meetings.

There was a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included identification of triggers, ongoing support strategies and reactive strategies. Staff who spoke with the inspector had attended training on managing behaviours that are challenging. The inspector observed staff interacting with residents in a respectful and friendly manner.

The inspector found that residents' finances were managed in a clear and transparent manner. Residents generally kept control of their own money, although there were arrangements for the safekeeping of some cash by staff as residents required. This money was securely stored in lockable safe storage which was accessible to residents whenever they needed it. Individual balance records were maintained for each resident, all transactions were clearly recorded and signed and receipts were maintained for all purchases. The system was regularly audited by the person in charge and no discrepancies had been noted.

Judgment:

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:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All required incidents and quarterly returns had been notified to the Chief Inspector.

The inspector reviewed the incident records which had recently been transferred to a computerised system and found that comprehensive details of all incidents, how they were managed and preventive measures identified were maintained.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

Residents were supported to participate in education and training to assist them to achieve their potential. The inspector found that residents had opportunities for new experiences and to develop further skills.

Residents were involved in basic household chores, such as baking and grocery shopping, as a form of skill building. There were a range of development opportunities available to residents which mainly took place during the day at the resource centre that residents attended. For example, residents had participated in a literary course and swimming. Other activities, independent of the centre, also took place and one resident had indicated that he would like to take music lessons and this had been arranged and was ongoing. Some residents also had part time work, such as garden maintenance and work in a catering establishment, in the local area which they told the inspector that they enjoyed.

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:

The inspector found that residents' health care needs were met and they had access to appropriate medical and health care services.

All residents had access to General Practitioner (GP) services. An inspector reviewed a sample of files and found that GPs reviewed residents as required.

Residents had access to a range of health care professionals including chiropody, speech and language therapy, psychology and psychiatry and referrals were made as required.

The person in charge was particularly focussed on ensuring that all residents were encouraged to eat healthy balanced diets and partake in exercise plans. The inspector found that residents' nutritional needs were well monitored and staff stated that none of the residents were experiencing significant nutritional issues. All residents were weighed weekly. Referrals to the dietician or speech and language therapist were made as required and their recommendations were implemented. Individualised support plans

were in place for some residents.

The inspector read the files of two residents who had had weight management issues, one of whom required to gain weight, while the other was over a healthy weight and required to lose some. Both were reviewed by the dietician, who set targets and developed suitable eating plans for them. The plans were successfully implemented with the support of staff, introduction of suitable nutritional food plans and the use of food diaries. One of these residents has reached the set goal, while the other was approaching the agreed target. Residents had access to drinks and snacks throughout the day.

Staff encouraged residents to participate in some regular light exercises such as taking walks and dancing and residents were observed doing both during the course of the inspection. The dietician had also organised a dance routine to music which residents could do in the centre. In addition, residents visited another service in the area each week where they socialised with the people who lived there and also took part in the organised exercise session.

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:

The inspector found that appropriate and suitable practices were not in place for prescribing, disposal and administration of medicines.

The inspector reviewed medication management practices and found that significant improvement was required:

- a sample of prescription/administration charts viewed did not contain the information required to enable staff to safely administer medications
- medications listed on the prescriptions sheets had not been signed by the GP to verify their accuracy
- the name of the GP was not present on prescription sheets the addresses of residents were not present on prescription sheets
- the maximum time between administration of PRN (as required) medication was not indicated on prescription sheets

- discontinued medication was not suitably verified by the GP
- the process for the recording and disposal of unused and out of date medication was not safe and traceable
- the internal auditing system was not sufficiently comprehensive as some of the issues found on inspection had not been identified by the audit.

There was, however, some good practice around medication management. Medications were securely stored and signatures of the staff members administering the medication were clearly recorded. There were colour photographs of each resident available to verify identity if required. Residents were supported by staff to go to the local pharmacy to collect their own medication if they wished to.

All staff who administered medication to residents were suitably trained. It was the practice in the centre for medication to be administered only by staff who had attended medication management training. Staff explained that only staff who had successfully completed this training could administer medication and that one such trained staff was always rostered for daytime duty. In addition to training, staff also underwent two administration audits by a nurse in the organisation before being considered fit to administer medication to residents.

There was a medication management policy which at the time of inspection was being reviewed and updated.

At the time of inspection no residents required medication requiring strict controls or medication that required to be administered crushed and there were no residents who self-administered their own medication.

Judgment:

Non Compliant - Major

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that the statement of purpose described the services provided in the designated centre and met the majority of the requirements of the Regulations. However, some of the information in the statement of purpose required review.

For example, the statement did not clearly describe the facilities and services which were provided by the registered provider to meet the specific needs the centre was intended to meet. The statement of purpose also did not reflect the governance arrangements as explained by the management team during the inspection.

Copies of the statement of purpose, prepared in a clear format, were available in the centre to residents and their relatives.

Judgment:

Substantially 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 provider had established a clear management structure and systems had commenced to review and improve the quality of service. However, improvement to night time support arrangements and auditing systems was required.

The person in charge worked full-time, was appropriately qualified and skilled and demonstrated the necessary experience to manage the designated centre. Her leadership skills were evident throughout the inspection. She was knowledgeable about the requirements of the Regulations and Standards, and had a good overview of the health and support needs and personal plans of residents. She was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation.

The person in charge was well supported by the organisational structure. She told the inspector that she worked closely with her line manager, who called to the centre every two/three weeks and held supervision meeting with the person in charge every six weeks. She also attended meetings with her line manager and other social care leaders in the organisation.

However, improvement was required to the system for providing emergency support for night staff working in the centre. The person in charge and other staff confirmed that

the person in charge was contacted in the event of an emergency and that she was, for the majority of time available. If the person in charge was not contactable, another staff member would be contacted. This was not a formal arrangement and presented a risk that the staff member needing support might not be able to access it in a timely manner.

The organisation has recently recruited a compliance manager who had overall responsibility for auditing and improvement of service in the organisation. The person in charge carried out limited auditing in the service, as most of the auditing was carried out at organisational level by the compliance manager.

The person in charge was part of an auditing team who worked with the compliance manager in auditing other services in the organisation. She explained that as a result of learning gained from being part of this group she had introduced improvements to her own centre, such as picture cues to assist residents' recognition of their own rooms.

The member of the management team had recently carried out a comprehensive audit of all aspects of compliance with the Regulations and had identified some areas for improvement. However, some issues identified in the audit had not yet been addressed and some of these issues, such as medication management, risk management and the arrangements for recording, investigation and learning from serious incidents/adverse events had been identified again in the course of the inspection. Although recommendations were recorded in the audit there were no time frames identified for completion of the works required.

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 and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

There were suitable arrangements to cover the absence of the person in charge during planned absence.

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:

There was evidence of adequate resources to ensure effective delivery of care and support. The houses were adequately furnished and equipped and there were resources to facilitate residents' occupational and social requirements. The person in charge gave examples of when additional staffing had been required and this had been arranged. In addition, resources had been made available for the tasteful restructuring of the house in the previous year to increase comfort and safety for residents.

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 inspector found that there was appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate for the days of inspection.

Staff were present to support residents at all times both in the centre and when they wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for a walk or to attend social events. Staff also slept in the centre at night time. In addition to the daily allocated staff the person in charge rostered extra staff for duty, as required, to address other needs, such as accompanying a resident for an appointment or to attend planned social outings. Separate staff supported the residents while in the resource centre.

A range of staff training was organised and staff who spoke with the inspector stated that they had received training in fire safety, medication management, safeguarding, management of behaviour that is challenging, communication techniques, first aid and nutrition.

The inspector found that staff had been recruited, selected and vetted in accordance with the requirements of the Regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 such as suitable references, photographic identification and employment histories.

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:

The inspector found that records as required by the Regulations were maintained in the centre. However, improvement was required to recording of staff training and to operational policies.

During the course of the inspections a range of documents, such as the residents guide, medical records, accident and incident records, staff recruitment files and health care

documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were neat, clear, orderly and suitably stored.

All policies as required by Schedule 5 of the Regulations were available. However, the person in charge told the inspector that some of these policies required to be amended to provide more comprehensive guidance to staff and to reflect current practice and that all policies were currently being reviewed and updated by the management team. For example, the inspector noted that the medication and nutrition policies did not provide suitable information to guide staff.

The person in charge did not have easy access to a full and accurate record of training and education which had been delivered to staff, including mandatory training. Staff training was organised and recorded by the organisations head office and the person in charge could not access this information. Staff training certificates were filed on the individual files of each staff member, but the retrieval of this information was onerous and time consuming. This presented a difficulty for the person in charge in assuring herself that all staff had received mandatory training at the required intervals.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jackie Warren
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-0004068
Date of Inspection:	16 June 2015
Date of response:	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 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 parts of the contract of care were not fully centre specific and contained additional information not required for this centre.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Since the inspection an appendix letter has been drafted and this has been explained to the service users, and a copy will be sent to families.

Proposed Timescale: 03/08/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was no evidence available to verify that the person responsible for the servicing the central heating system had the necessary qualifications.

Action Required:

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

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

Since the inspection the boiler was serviced on 26 June 2015 by a different company who has the necessary qualification. A new process has been developed to ensure that all contractors meet the regulatory requirements. A copy of the service is available within the centre, this will occur on an annual basis. This will be monitored by the PIC.

Proposed Timescale: 26/06/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk register was not centre specific and did not provide guidance on some risk in the centre.

Action Required:

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

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

Since the inspection the PIC has reviewed the risk register and amended same. This will be reviewed as specified on the risk register. This register now reflects all the current and centre specific risks.

Proposed Timescale: 24/07/2015

Theme: Effective Services

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

The risk management policy/procedure did not include guidance on the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The risk management policy and procedure is being reviewed within the organisation at the present time and all areas of non-compliance will be addressed. It is envisaged that this will be completed by 5 August 2015.

Proposed Timescale: 05/08/2015

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:

The centre did not have appropriate and suitable practices relating to the prescribing and administration of medicines.

Action Required:

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

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

The Medication Policy was approved by the Board of Directors on 20 July 2015. The Medication Procedure was reviewed by PAG (Policy Advisory Group) on 30 July 2015 and approved. The new Policy and Procedure is being trialled, in 10 Ability West Centres, to ensure that it is fit for purpose. Fuchsia is part of the trial. In Fuchsia

Services the PIC has arranged as a follow on from the new Policy and Procedure to meet with the local GP on 31 July 2015 to develop a working relationship and to inform the GP of the new Policy and Procedure. Administration of medication is now in line with best practice.

Proposed Timescale: 31/07/2015

Theme: Health and Development

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

The centre did not have appropriate and suitable practices relating to the disposal of medicines.

Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The new Medication Policy states that "expired or discontinued medication is returned to the Pharmacy immediately". The PIC has a separate box, which is clearly labelled for this purpose, and this is placed within a separate locked cupboard. The PIC has introduced a secure, accountable system for the disposal/return of medications to the pharmacy.

Proposed Timescale: 18/06/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Some of the information in the statement of purpose required review.

Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The statement of purpose is being reviewed at present and will more centre specific

Proposed Timescale: 05/08/2015

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:

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

The issues identified in a recent compliance audit had not yet been addressed and an time frames within which to address these issues had not been developed.

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:

1The PIC has identified the most senior Social Care Worker to act as PIC in her absence to provide emergency support for staff. This Social Care Worker will work alternate weekends to the PIC. This is effective immediately. This will be unique to this centre due to its location of the service and distance from the other centres in Ability West.

2The issues identified on the provider lead audit have been completed. In the future provide lead audits will have an action plan completed and attached to the audit.

Proposed Timescale: 20/06/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some operational policies required to be amended to provide more comprehensive guidance to staff and to reflect current practice.

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:

(a)As outlined in the action plan the Medication Policy and Procedure has now been approved

(b)The Risk Management Policy and Procedure will be completed by 5 August 5 2015.

Proposed Timescale: 05/08/2015

Theme: Use of Information

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

Record of training and education which had been delivered to staff, including mandatory training were not readily accessible to the person in charge and the retrieval of this information was onerous and time consuming.

Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 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:

Since the inspection the PIC and Training Co-ordinator have developed a staff training matrix, identifying each staff member for all mandatory and non-mandatory training. This identifies clearly when staff will require refresher training.

Proposed Timescale: 18/06/2015