<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ability West</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001507</td>
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<tr>
<td>Centre county:</td>
<td>Galway</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Ability West</td>
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<tr>
<td>Provider Nominee:</td>
<td>Breda Crehan-Roche</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>09 September 2015 11:00</td>
<td>09 September 2015 19:00</td>
</tr>
<tr>
<td>10 September 2015 10:30</td>
<td>10 September 2015 17:00</td>
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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 service and was conducted as part of the assessment for registration. The inspector met with residents, relatives, staff, the area manager and the organizations nominated provider during the inspection. Care practice and the day to day routine were observed and documentation required by legislation including personal plans, medication records, accident and incident reports, policies, procedures and the staff duty system was examined.

This designated centre is a modern bungalow located in a town near Galway city. The local shops and business facilities are a few minutes drive away. The premises were fit for purpose, comfortable, well maintained and decorated to a high standard.
Each resident had their own bedroom and furnishings, fixtures and ornaments reflected their individual tastes and interests. Appropriate storage areas were provided. Residents had personalised their bedrooms and information needed by residents had been supplied in an accessible format and was displayed where required. There was outdoor space with seating and shrubs that provided colour and a place of interest for residents.

The inspector found that residents were supported by a committed and dedicated staff team that were familiar with their roles, their responsibilities in accordance with legislation, the support needs of residents and were committed to ensuring that they provided good standards of care and helped residents achieve their personal goals. Residents were able to make decisions and choices about their lives and were involved in the running of the house. There were weekly meetings where residents were encouraged and supported to contribute their views and staff accommodated the choices made within the weekly social programme, when planning menus and when organizing the routines of the house.

Residents were able to pursue hobbies and activities and had access to day care and social programmes that reflected their abilities and were varied and interesting. A wide range of activities and outings were available some of which were facilitated by volunteers. The staff promoted people’s involvement with their community and ensured that residents were able to attend local events. This was noted to have a positive impact on people’s well-being. For example residents were well known in the local community and those who attended a craft evening twice a month described looking forward to the range of activity on offer and being able to have dinner there. The inspector found that residents were kept occupied and entertained and were actively supported to engage in interests they had outside of their home.

Staff were trained and knowledgeable about how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Staff followed the organisation’s guidance and established procedures to reduce the risk of harm while ensuring people’s freedom was not unnecessarily restricted. All staff present during the inspection days could tell the inspector how they ensured residents were safe and could describe the procedures they were expected to follow clearly. The inspector concluded that residents were protected from abuse, or the risk of abuse and their human rights were respected and upheld. There were effective policies and procedures in place to safeguard residents against abuse and there was evidence the staff team had a good understanding of the procedures.

There was evidence that service users’ healthcare needs were met with support from local doctors described as “accessible and responsive to residents’ particular needs”. Access to specialist referrals and advice from allied health professionals was available through referral to the Health Service Executive, recorded in personal plans and adhered to by staff. There was good emphasis on health promotion including weight management and the prevention of complications such as pressure area problems where residents were highly dependent. The inspector found that all staff were familiar with relevant health care risk assessments and the measures in place to reduce such risks.
The role of the person in charge was fulfilled by an experienced manager who was fully aware of her responsibilities. She was familiar with residents and could describe their long and short term goals and the instances where care practice had to be regularly reviewed to ensure that residents’ specific needs were met.

There were a number of areas of good practice that were noted across the service and these included:

• the emphasis on teamwork, training and support for staff
• assessments of communication capacity and the use of easy read versions of documents and technological aids such as I pads reflected good practice standards.
• the social and day care opportunities available to residents enabled them to have meaningful and stimulating lifestyles that they described in positive terms. In feedback questionnaires residents described how they enjoyed living in the centre, that they hoped to be able to remain there and described the staff as “caring and kind” and “always ready to advocate on my behalf”.
• staff were able to describe their roles and responsibilities clearly and conveyed up to date information on residents support needs and the ways they facilitated them to achieve maximum independence.

These areas are discussed further throughout this report. The inspector found that there were two areas that required attention and these related to health care assessments for residents who are ageing and developing age related problems to ensure the service can appropriately meet their needs and also the assessment of resources needed to provide enhanced levels of care required ongoing review to ensure that staff could continue to deliver care safely and in accordance with good practice standards. These areas are described under the relevant outcomes and identified for attention in the action plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that residents were consulted about their daily routines in the centre and found that their rights and dignity were promoted. For example, residents’ meetings were held weekly and the recorded minutes indicated that residents were consulted and discussed issues such as activities/social events for the week, day to day preferences for menus and any concerns that residents raised.

Residents had varied day activity from a number of sources and the inspector noted that there was good coordination between services to ensure that activities and opportunities offered to residents reflected their assessed support needs and goals outlined in personal plans. Residents and relatives feedback conveyed that they had all the opportunities they could hope for and felt respected and supported to control most aspects of their lives.

There was a complaints policy in place that described the ethos, types and stages involved in complaints management and how a complaint should be made. A flow chart described a summary of the process for staff and residents. Staff said that they dealt with minor issues and resolved them as soon as they were raised. All complaints were brought to the attention of the person in charge and the centre had nominated a member of staff as a “complaints champion”. The inspector reviewed the record of complaints and found that the system in place complied with regulation 34-Complaints procedures. Issues that had been raised by residents had been investigated promptly and the resolution was noted to have been discussed with them. An advocacy service was available to residents and the inspector was told that residents would be supported to access this service if they had communication difficulties. Residents feedback forms indicated that that they felt confident that they could approach staff to tell them of their
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:**
The inspector found that there were effective interventions provided to residents to ensure they could communicate freely and to their maximum ability. Each resident’s communication needs were assessed and documented in their personal plans. The inspector saw completed assessments that included communication needs and areas of difficulty and where this was identified as a potential issue, a more detailed support plan was then developed. The use of technology, easy read versions of documents and signage was employed well and residents had access to assistive equipment to improve their capacity to communicate clearly.

Staff were well informed and were noted to support residents who had difficulty communicating by giving them time to express themselves and by recording in personal records the meanings facial expressions and actions had for residents.

Other good examples of how communication was supported included:
- an easy read /pictorial version of documents such as the complaints and adult protection procedures was provided to residents and
- there was pictorial representations of menus available that included photographs of meals so that residents knew what foods were being prepared and could make informed choices from what was being prepared.

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

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**Findings:**

The inspector found that there were good networks established with family members. All residents had contact with their families and this included phone contacts and visits. Residents’ feedback questionnaires indicated that there was no restriction on visits. Families were encouraged to participate in the lives of the residents. They were consulted and informed about residents progress, were invited to review meetings and were updated when their relatives needs changed. There were records available that confirmed the varied contacts between residents and their families.

Personal plans were in place to support and enhance this process. The inspector noted that residents had photographs of their family members in their bedrooms and that they attended family events. Residents were supported to attend the local community events and went to local shops and restaurants regularly.

**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

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**Findings:**

There was an established admission policy and an assessment process to ensure that the service could appropriately meet the needs of prospective residents. Referrals to the service were usually made by family or members of the multidisciplinary team that provided support in the community. The inspector was told that residents and families would normally visit the house and that a programme for moving in would be set up based on the choice and needs of the resident. Admissions were always considered in the context of the needs of existing residents.

A contract was provided to all residents and the sample reviewed described the services to be provided and where additional charges applied. Contracts were signed by residents, their representatives and by the provider nominee on behalf of the
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:**  
The inspector found that residents wellbeing was maintained by a good standard of evidence based care and support, with opportunities and arrangements in place to improve capacity and quality of life. All residents were found to have active support plans that were being implemented as described and that were resulting in positive outcomes for residents. The inspector met some residents on their return from their day activity and reviewed their personal/support plans. There was a range of information that outlined their health situation, their support needs, goals they hoped to achieve, their intimate and personal care needs and their family contacts and relationships.

Residents’ preferences and wishes regarding their daily routines were recorded and facilitated. Personal plans described a varied range of needs, capacities and life style choices. The inspector noted that service users had support needs that varied on a day to day basis but overall staff were observed to provide high levels of direct intervention to most residents each day. 
There was evidence of interdisciplinary team involvement in service users’ care including nursing, speech and language therapy, and other allied health professional as required. There was also information that conveyed that service users were involved in developing and reviewing their personal plans. Staff were very well informed and could describe daily routines, specialist interventions and choices made regarding family involvement and visitors. They were noted to provide a high standard of support while respecting service user’s choices and preferences. Staff were observed to explain and consult with residents before undertaking any personal care or activity with them and the inspector found that good effective support was provided by an experienced and skilled staff team.
The inspector was told by staff that there were a number of options available to residents in relation to day care and social activities. Some residents had full time day care and some were facilitated to return home at a time of their choice. Residents who had significant health care needs or who had reached a decision to leave day care services had been able to do this. The necessary staff supports to ensure residents could follow alternative options had been put in place. One resident had a detailed programme that was facilitated daily and this included the provision of physical and psychological interventions on a one to one basis to maintain well being.

Residents’ feedback conveyed that they were involved with varied community activities and said they enjoyed meeting people and contributing to the local community. The views expressed indicated that they were fully involved in the way they lived their lives and that staff helped them to achieve the goals they identified. There was information in personal plans that described how goals were achieved, any obstacles to achievement and other aspirations that residents would like to happen. Regular meetings and annual reviews with key workers, family members and other professionals were arranged to review progress. Daily records were maintained and these outlined day to day life and how service users spent their day. There was evidence of progress made towards achieving goals and an example viewed showed where a resident made visits home and was supported to do this regularly.

There was a wide range of activities available to both in the centre and in the local community. Transport was available and staff supported service users to take part in local events, festivals, fashion shows and concerts. Each week residents and staff discussed the plans for the week and confirmed what they would like to do as a group and individually.

There was good emphasis on supporting residents to achieve and maintain their maximum level of independence. This was demonstrated by reports from staff and recorded information that conveyed that the routines of the service were adapted to meet the changing needs of residents and long and short term changes in health conditions.

**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 location and layout of the centre were suitable for its purpose. The house was clean, attractively furnished, comfortable and in good decorative condition. Equipment required by residents such as wheelchairs and specialist beds were provided and were noted to be in good condition and appropriately maintained.

The service is located in a seven bedroom single-storey house in a quiet housing estate on the outskirts of a town and it was accessible for wheelchair users. The layout of the centre was in line with the statement of purpose. There was adequate private and communal accommodation. There were seven bedrooms one of which had an en suite shower, toilet and wash hand basin facility. All bedrooms had a bed, wardrobe space, a comfortable chair and other fixtures according to residents’ choice. All were individually decorated according to the taste and preference of the occupant. There were two bathrooms, both had showers, toilet and wash hand basin facilities. One of the bathrooms was a large room which contained an accessible specialist bath suitable for people with mobility problems.

There was a well-equipped kitchen with a spacious dining area and there were two sitting areas all of which were adequate to facilitate all residents sitting together if they wished. There was also a staff office and laundry and storage spaces. The laundry was noted to be appropriately equipped and staff were well informed about how to care and manage clothing including the management of soiled linen. At the rear there was a patio area which provided an attractive space for residents. Garden furniture was available and the shrubs and flowers were attended to by some of the residents. There was garden and parking available to the front and side of the premises.

All areas had good lighting and ventilation. The building was free of any significant hazards that could cause injury to staff, residents or visitors. Suitable arrangements were in place for the disposal of waste. Assistive equipment included a hoist, tracking hoists in some rooms and high-low beds. The inspector found that this equipment was in good condition and was serviced regularly by an external contractor. Staff were also trained in the use of assistive equipment.

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:
The inspector was satisfied that the system for risk assessment and risk management promoted the health and safety of service users, staff and visitors appropriately. There was a current health and safety statement and associated procedures. These documents had been read by staff. These procedures were supported by a risk register that had been completed on 17 June 2015.

Procedures for incident reporting and risk escalation were in place. The inspector found that a range of risks/hazards had been identified and recorded and these were centre specific and included the management of general environmental risks and clinical risks. The management of fire safety, security, infection control, emergency situations, kitchen safety, the open fire and challenging behaviour were described. There were good procedures in place to address clinical risk situations such as the development of pressure area problems, moving and handling needs and first aid situations. The inspector found that there were procedures available to guide staff should the house need to be evacuated and there was alternative safe accommodation identified should such a situation arise. The person in charge, area manager and senior staff provide an on call service out of regular work hours.

Hazards identified as posing a risk to particular residents were identified in their personal plans and the controls to minimise the risk of harm or injury were described. Residents identified as being at risk of developing pressure area problems, unintentional weight loss or who had swallowing problems had care plans based on informed assessments of their health care needs in place. All staff had training in these areas to further mitigate risk. Eight staff had training on food guidelines in 2014 and a further four in 2015. All staff had training in cardiopulmonary resuscitation and infection control.

There were appropriate fire precautions in place that included the provision of fire safety equipment such as extinguishers, fire alarms and a programme of fire safety training and fire drills. A fire register was in use and this contained a range of supporting information in relation to the fire safety arrangements. Staff on duty confirmed that they attended training and could clearly describe the fire safety measures and the ways they checked that these were effective. Fire drill exercises were scheduled regularly and areas identified for attention after each drill were described and addressed. In June staff identified the step at the back door that they needed to be aware of as two residents had mobility problems and following the July drill identified that the patio shrubs needed to be cut back as they obstructed the exit from the house to the fire assembly point. The inspector saw that the response of residents was recorded and that all were familiar with the procedures for leaving the house. Evacuation sheets were supplied to two beds and staff could describe how these would be used in a fire situation.

Fire safety equipment was available, recorded in the register and was regularly serviced. The fire alarm was serviced quarterly and fire extinguishers annually. There was a clear floor plan of the building located by the fire panel and there were daily checks of panel and of fire exits undertaken to ensure the system was operational and exits were clear. The record was up to date and complete when reviewed.

The house was well maintained both internally and externally. All areas were found to
be clean, comfortable and welcoming. There was a good standard of decoration throughout and all areas were well maintained. Chemicals such as cleaning materials were stored securely. Infection control practices in relation to hand hygiene were in place and observed by staff. There was a range of polices to guide staff in infection control practice.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There were well developed procedures in place to safeguard residents and ensure their well being. The varied safeguards included ensuring that all staff had training and information on adult protection and the provision of intimate care and that the procedures for recruitment included appropriate vetting for staff working with vulnerable people. A pictorial guide provided residents with information on abuse and how to report concerns.

All staff on duty were able to describe how they would report a suspicion, allegation or incident of abuse. They were clear about protection for the resident, who to report to and what actions they were expected to take in accordance with the procedures. Records confirmed that training was up to date and had taken place during 2014/2015. Risk assessments were carried out in relation to individual residents. An Garda Síochána vetting was in place for all staff.

There was a good system for the deployment of staff and where residents required supervision there were appropriate numbers and skill mix of staff in place. The inspector observed staff interacting with residents in a respectful, warm and friendly manner. Relatives and residents who completed questionnaires said that they felt the arrangements in place ensured the safety of residents.

There was a policy and procedures on adult protection which was comprehensive and outlined the varied types of abuse and the actions staff were expected to take. The
person in charge told inspectors that there had been no allegations, concerns or suspicions of abuse in the centre during the past year. The inspector noted that staff had a high level of awareness of what could constitute an incident of abuse including neglect. A concern that staff had raised in relation to care practice had been screened and while this related to how increasing dependency could be managed the inspector saw from the record maintained that staff awareness was at an advanced level and that the person in charge and organisation encouraged staff to voice their concerns should they have any.

There was a policy and procedures on the provision of personal and intimate care. Residents were assessed and the level of support they required was determined and made available taking in to account any goals for promoting independence in this area. The inspector found that, when support was required from staff, an intimate care plan was developed and these plans were reviewed periodically by the key workers and the person in charge.

There was evidence of efforts made to identify, understand and alleviate the underlying causes of behaviour that was challenging in relation to individual residents. Training records showed that all staff had received training in the management of behaviour that presented challenges. The inspector viewed the record of incidents and saw that positive behaviour support plans in which triggers for behaviour that challenges were identified and pro-active strategies were set out to ensure that incidences of such behaviour were lessened. There was evidence that allied health professionals including mental health specialists were involved in reviewing behaviour incidents. There was careful monitoring by staff to ensure best outcomes for residents and the inspector saw that changes to care practice and routines were put in place where this was found to be of benefit to residents.

The management of episodes of behaviour that fluctuated or presented challenges reflected best practice standards. There was a complete record of incidents of challenging behaviour and staff employed a range of techniques to reduce and de-escalate such incidents. The person in charge told the inspector that there had been no serious incidents of behaviour that challenges and no restrictive practices were used in this regard. Staff had attended training to provide them with expertise in this area and residents were comprehensively reviewed if they presented with behaviours that challenge to ensure the best possible outcomes could be achieved. The inspector found that bed rails/supports were not used but staff had been provided with guidance on assessment and risk related to such equipment as some residents were admitted for periods of respite care and may have such supports at home.

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 and the staff team were aware of the notifications that had to be supplied to the Authority.

All the required notifications had been provided to date. A record of all incidents occurring in the centre was maintained.

**Judgment:**
Compliant

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**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’ participation in day care, skills training and social care programmes was facilitated and supported and they were provided with opportunities to socialise with their peers and friends.

The majority of residents attended day services in the area and local activities. Transport was provided and this was available during the evenings and weekends to ensure that residents could attend social events. Residents’ records contained an outline of day care programmes and staff were exploring options for residents where day care no longer met their needs. Residents who remained in the house during the day had one to one input from staff who had established a programme to meet their needs. This was noted to include activity that was passive such as massage and other activity that was more stimulating. The inspector noted that there was good communication between day services, the centre and families and that all relevant information was shared.

Feedback from residents, volunteers and relatives to the inspector indicated that residents enjoyed spending time in the centre and that they took part in lots of activities both inside and outside the centre. The inspector saw that residents were greeted
warmly by staff when they returned from day care, were offered drinks and snacks and were able to relax in whatever way they chose. The inspector saw that residents also enjoyed a range of activities in the community such as going to the cinema, eating out and visits to towns/places of interest in the surrounding countryside.

**Judgment:**
Compliant

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**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 to a high standard and that input from medical services and allied health professionals was available as required by service users. Staff described an excellent working relationship with the local general practitioners and an out of hour’s service was also available. Access to services such as physiotherapy, speech and language therapy, occupational therapy, dental, chiropody and dietetics was available through referral to the HSE and through private services. Staff supported residents to access community health services as/when required. They organised health checks where someone was not able to verbalise their needs. A record of appointments and health reviews was kept in care plans. This helped to ensure that health care needs were met.

The majority of residents had maximum support needs and five residents required foods in a modified consistency. Some residents were developing age related conditions such as dementia and also required high physical care interventions due to restricted mobility. The inspector found that there were evidence based assessments in place to determine their care needs and vulnerability to complications. Pressure area risk assessments were updated regularly, took in to account associated vulnerabilities such as nutrition status and weight. Prevention measures were in place to prevent pressure area problems developing such as pressure relieving equipment and specialist beds. The environment was accessible and a tracking hoist system and accessible shower and bath facilities were available.

Staff could describe the care plan put in place and the actions they followed daily and at night. The inspector found that there were multidisciplinary reviews of residents with increasing care needs to ensure that the centre continued to be the most appropriate setting to provide these enhanced levels of care. The inspector found that staff were well informed about the interventions required and maintained detailed records each
day of their input and the outcomes for residents. Appropriate training had been 
provided in moving and handling and the person in charge who is a qualified nurse 
provided expertise and guidance that informed care practice. The inspector concluded 
that these situations required systematic and regular reviews to ensure the service could 
continue to provide appropriate safe care in accordance with the aims and objectives set 
out in the statement of purpose and taking in to account the needs of other residents 
and staff skill mix.

Health promotion initiatives were in place. The inspector saw that residents were 
encouraged to follow healthy diets. Fruit and vegetables were part of the daily menu. 
Weight management and exercise programmes were encouraged. The inspector 
discussed food and nutrition with staff and was satisfied that arrangements were in 
place to ensure food was of a high nutritional standard and met residents choices and 
needs. Residents who required foods in modified consistency had been assessed by 
speech and language therapists and staff could describe the range of textured foods 
they prepared each day. There were some residents that had difficulty maintaining 
weight and appropriate care plans were in place to address this. The measures in place 
included regular assessments and reviews that were based on records of weight, daily 
diet intake, mood fluctuations and fortification of food or nutrition supplements. Reviews 
undertaken by the dietician described targets to maintain well being and these were 
noted to be achieved in the records maintained. Snacks and drinks were readily 
available outside of meal times and were offered to residents by staff at regular 
intervals.

There was good attention to other aspects of health care such as oral hygiene, hearing 
and mental health problems wit appointments and reviews with varied specialists 
documents in care records and personal plans.

Judgment: 
Substantially 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:**
A medication management policy was in place to guide practice and included the 
arrangements for ordering, prescribing, storing and administration of medicines to 
residents. All residents required support with medication staff on duty displayed a good 
working knowledge of the medications prescribed daily and on an “as required” basis.
The inspector found that staff conveyed good understanding of appropriate medication management, adherence to safety/professional guidelines and regulatory requirements. There was a good system in place for medication reviews. Staff reported that general practitioners and specialists such as psychiatrists reviewed medication during regular appointments and they recorded progress and responses in daily records when changes in medication were made.

The inspector reviewed the medication arrangements and found that medications were stored appropriately, and there were no medications that required strict control measures (MDA’s) at the time of the inspection. There was a system in place for the reporting and management of medication errors. Staff the inspector talked to knew the process they had to follow if they made an error.

Medication was supplied in blister packs for most residents. The medication could be clearly identified and there was a photograph on each pack. This system had been introduced recently and the supplying pharmacist was due to complete an audit of the arrangements to identify any problems. Residents admitted for respite care took in a supply for the duration of their stay. The inspector found that medication administration charts contained all the required information and were signed by doctors. The exception to this was records for respite care clients where staff sometimes transcribed the medication to be given. The inspector was told that the new arrangements reduced the need for this and the procedure for medication management stated that transcribing was to be avoided. Medication to be given on an “as required” (PRN) basis was clearly outlined and the maximum dose to be administered in a 24 hour period was described.

**Judgment:**
Compliant

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**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 statement of purpose available and it described all the information required by the regulations. However as described under outcome 11, Healthcare, some of the present resident group do not meet the criteria for the service as it is described as they are unable to attend day care regularly. An associated action plan is outlined in outcome 11.
**Judgment:**
Substantially Compliant

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**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.*

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**Theme:**
Leadership, Governance and Management

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**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

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**Findings:**
There was a clearly defined management structure that identified the lines of authority and accountability for the operation and management of the service. The arrangements reflected the information set out in the statement of purpose. The person in charge (pic) was suitably qualified, skilled and experienced to meet the requirements of the role. The inspector found that the pic was knowledgeable about the requirements of the regulations and standards and had good knowledge of the support needs and person centred plans for residents. She knew all residents well and attended review meetings where individual care objectives and goals were discussed.

She facilitated the inspection in a competent way and provided all the information and documents required to complete the inspection. The pic was employed full-time. She is a qualified nurse on the mental health register. She was supported in her role by an area manager who reports to the provider representative. He visits the centre regularly and provides support and guidance to the pic and staff team. Staff told the inspector that they were well supported by the person in charge and said that they valued her advice, encouragement and availability.

There was a clearly defined management structure that identified the lines of authority and accountability for the operation and management of the service. The arrangements reflected the information set out in the statement of purpose. The person in charge (pic) was suitably qualified, skilled and experienced to meet the requirements of the role. She had continued her professional development and completed a health services management course at level 7 and was now undertaking level 8. Other training completed during the last two years included ethics, end of life care and training in the statutory topics of moving and handling, adult protection and fire safety. The inspector found that the pic was knowledgeable about the requirements of the regulations and standards and had good knowledge of the support needs and person centred plans for residents. She knew all residents well and attended review meetings where individual
care objectives and goals were discussed.

She facilitated the inspection in a competent way and provided all the information and documents required to complete the inspection. The pic was employed full-time. She had worked in the centre over a year and is a qualified nurse. She was supported in her role by an area manager who reports to the provider representative. He visits the centre regularly and provides support and guidance to the pic and staff team. Staff told the inspector that they were well supported by the person in charge and said that they valued her advice and encouragement.

The provider and pic had systems in place to review the safety and quality of care and support to residents. There was evidence that a range of audits were carried out in the centre by the person in charge and there were regular reviews of residents care needs that were prone to fluctuations. Unannounced visits to the centre had been undertaken on behalf of the provider in accordance with regulation 23 (2) Governance and Management. The inspector viewed copies of the reports on the quality and safety of care and support which contained recommendations. Action plans were put in place and there was evidence that required changes had been implemented which strengthened compliance with the regulations. The most recent unannounced visit had taken place on 20 April 2015.

There were audits and reviews completed on varied aspects of the service and these included reviews of accidents, medication arrangements, challenging behaviour incidents, maintenance, training and health and safety. Improvements identified were addressed. For example new medication storage and supply arrangements were put in place and weekly checks of the medication system enable staff to identify problems expediently. Incidents were reviewed. The completeness of documentation, type of incident, treatment provided at the time and prevention measures and risk reduction measures were analysed to improve practice.

**Judgment:**
Compliant

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### 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(pic) had not been absent for the service for a period that required
notification. The area manager and PIC were aware of the timescales for notifications of 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:**
The centre was sufficiently resourced to ensure that care and support was effectively delivered to residents in line with the statement of purpose however there was evidence of increasing health care needs that were likely to require additional resources. For example staff had to be available during the day to meet the needs of residents no longer able to attend day care or who required adjustments to their usual care plan so assessments of their needs could be undertaken. It is a requirement of this report that the resources available are reviewed in the context of residents increasing needs or that placements are reviewed to ensure that the most suitable option is made available to meet residents' needs.

The inspector found that the facilities available in the centre were of a good standard and residents had a good standard of accommodation and care both inside and outside the centre. They also had access to a range of resources such as internet, specialist equipment, garden furniture, and, in the case of residents who required them, assistive equipment such as an electric bed and hoist. Staffing resources were maximised by ensuring that staff shifts coincided with the times that residents were in the centre.

**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:
There was a sufficient number of staff to meet the needs of residents and continuity of care was provided by a small, consistent group of staff who were experienced and adequately trained. There was adequate supervision for staff on a day to day basis.

Apart from the person in charge, the staff team comprised of social care leaders, social care workers and carers. Gaps in the staff roster were usually filled by regular relief workers. There were a total of 8.33 whole time equivalent staff available to provide care. This included eight staff employed on long term contracts and eight employed on a relief basis. The current commitment to staff the centre during the day to meet the needs of residents was met from the day care service and as described under the outcome on resources this required review.

The inspector reviewed training record and found that staff had received training in the statutory topics of adult protection, fire safety and moving and handling. Support staff had received training in the safe administration of medication, the management of behaviour that is challenging, report writing, hand hygiene, food textures and the completion of personal plans. There were monthly staff meetings where the inspector noted that a variety of topics were discussed including resident care matters and progress. The proceedings were recorded and meetings were noted to be well attended.

The inspector observed the interactions between staff and residents and found that staff engaged with residents with warmth and respect and knew them well. They made efforts to ensure that residents were given opportunities to express themselves and exercise choices. Staff who were interviewed presented as competent, demonstrated awareness of the policies and procedures in place, the legislation and standards. They conveyed positive attitudes to the care of people with disabilities and had a high level of awareness on topics such as rights and protection.

The inspector viewed the staff files for three staff including the person in charge. The files were well-maintained and arranged in such a way as to make retrieval of required documents easily accessible. There had been an internal audit conducted to ensure all the required documents were available. All the information and documents specified in Schedule 2 of the regulations were available including explanations for gaps in the employment histories for some staff.

There were volunteers that worked with residents both in the centre and in other venues. An outline of the role was available and there were support meetings organised to review the role and on going progress. Appropriate evidence of garda vetting was available.
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 policies and procedures required by the regulations were in place and they reflected the practices in the centre. Records were stored securely. The majority of records maintained in the centre were accurate and up to date.

Records viewed by the inspector were complete, up to date and well maintained. For example, discontinued medication was signed by a GP and the daily records completed by staff were up to date and informative about the daily lives of residents. A directory of residents was maintained but this contained all the information specified in Schedule 3. The person in charge was aware of the requirement to retain records in accordance with the regulations and there was adequate storage space in the centre for documentation and archived files were stored safely.

All the policies and procedures required by the regulations were available and had dates when they were introduced and when due for review. Staff confirmed that they had read the policies and could convey a good understanding of the policies that the inspector discussed with them. Essential documents such as contracts had been produced in easy read versions and with appropriate symbols to enhance understanding.

The inspector found the insurance cover put in place by the provider was up to date and included statutory employer and public liability elements.

Judgment: 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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ability West</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001507</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>09 and 10 September 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>06 October 2015</td>
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**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 11. Healthcare Needs**

**Theme:** Health and Development

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

The increasing health care needs of residents associated with physical frailty or conditions such as dementia required regular planned review to ensure the service continued appropriate to meet their needs.

1. **Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
resident, having regard to each resident’s personal plan.

**Please state the actions you have taken or are planning to take:**
Each resident who is ageing and developing age related health problems is being assessed with the use of screening tools such as dementia screening pathway. This may also include seeking external consultation with specialists such as Geriatricians. Going forward, as part of each resident’s planning, an annual case review will be held, this forum will be used to identify any further changing needs and resources required for residents who are ageing and developing age related health problems, and require specialist medical care. Family members are invited to case reviews and consulted with regard to all assessments and outcomes in this regard.

This will form part of the annual review of service, i.e. changing needs of service users, along with service and resources implications, and cross checked against the Statement of Purpose for the service.

**Proposed Timescale:** 30/10/2015