

**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-0001494
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Raymond Lynch
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 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:
13 October 2015 11:00	13 October 2015 20:30
14 October 2015 09:30	14 October 2015 14:30

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

This report sets out the findings of an announced registration inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days. As part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall inspectors found the centre to be a well managed, person centred environment where residents achieved personal development skills with the support of committed staff.

The designated centre is operated by Ability West and comprises a single residential community home. It currently offers full time residential care to five residents.

Fifteen outcomes were found to be in full compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013.

Three outcomes were found to be moderately non-compliant, Outcome 7; Health & Safety & Risk Management; whereby a risk identified as moderate did not have adequate measures set out to mitigate the risk. Outcome 8; Safeguarding & Safety, in relation to lack of documented criteria set out for the administration of some PRN (as required) medication and implementation of some care planning related to continence management. Outcome 14; Governance & Management; at the time of inspection, there was no formalised emergency on-call system in place for when the person in charge was not on duty.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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:

Overall residents' rights and dignity were promoted and supported within the centre. Complaints were managed well and in line with the regulations. Residents' financial affairs were well managed and activities for residents were suited to their abilities and interests.

Bedrooms were personalised to each resident's taste. Bedrooms and bathing facilities had provision for privacy and storage of personal belongings to meet the needs of residents. Residents had lots of space for privacy and contemplation in the centre.

A resident spoken with described to an inspector how they enjoyed living in the centre. They got on well with the other residents and staff. They particularly liked the fact that they could lock their bedroom door. They had told the person in charge they didn't want anybody in their bedroom when they were not there and this was being respected.

Activities available in and out of the centre were age appropriate and reviewed regularly through consultation with residents, their key worker and family. All residents had opportunities to engage in activities in the day, evening time and weekends.

Interactions observed throughout the inspection between staff and residents were relaxed, pleasant and respectful. Residents' feedback indicated they really liked the staff that supported them.

Residents had their own bank accounts with bank cards and individual PIN numbers. They had inclusion and supported autonomy in accessing banking services as needed.

On a previous inspection, an inspector had reviewed the system in place in the centre for management of residents' finances and had found it to be comprehensive with robust governance systems in place. This system was still in use on this inspection.

Residents were aware of and had access to independent advocacy services. No residents had used those services at the time of inspection but they were aware that they could at any time if they wished. Contact numbers and leaflets were available and on view in the centre.

Effective policies and supports were in place to ensure residents received consultation about their care and about the organisation of the centre. In an effort to make consultation procedures centre specific, in an accessible format and in line with residents' age and abilities; the management team had nominated a specific staff member as the nominated complaints officers for them. A photograph of the staff members nominated had been laminated and placed in a prominent position within the unit.

The centre specific complaints procedure was set out in a clear concise manner which was in line with the regulations. It was displayed in a prominent position in the centre.

The organisational complaints policy outlined in detail the steps to be taken when conducting varying degrees of a complaints investigation. Complaints were logged on a computerised system. An inspector reviewed a sample of complaints which had been logged. They were well documented and responded to in a timely way. The complainant was informed of the progress of their complaint and their satisfaction with how the complaint was dealt with was documented.

Complaints were reviewed by the area manager to ensure they were managed in line with organisational policies and procedures and that the complainant was satisfied with the resolution to their complaint.

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):

No actions were required from the previous inspection.

Findings:

Residents were supported to communicate at all times in the centre. Effective systems

were in place that ensured their individual needs were met.

The organisation had a communication policy. The policy set out to address the total communication needs of residents. It outlined an approach to be used that created successful and equal communication between people with different language perceptions and/or production. Where required residents requiring support had received a speech and language therapy (SALT) review.

There was a variety of information displayed in accessible format on notice boards, including complaints procedure, information on local community and entertainment events, key workers on duty.

Pictures were in use throughout the centre. These directed residents to where plates and cutlery were to be found in the kitchen, for example. There were signs to identify where toileting and bathing facilities were.

Televisions and radios were located throughout the centre. Residents also had access to an electronic tablet device which they used to access the internet. An organisation internet usage policy with procedures was in place to support residents accessing the internet.

Some residents used hearing aid devices and glasses. They had received up-to-date hearing and ophthalmic assessments and were supported by staff to attend appointments.

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):

No actions were required from the previous inspection.

Findings:

Residents had opportunities to meet visitors in the centre. A visitor book was maintained and there was an organisation specific policy and procedures to support this practice as required in Schedule 5 of the Regulations.

Residents had the opportunities to meet visitors in private if they wished and were facilitated to visit family and friends outside of the centre also. A resident who had recently moved into the centre told an inspector that they were now nearer their family

and they were really happy about this.

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):

No actions were required from the previous inspection.

Findings:

All residents had a signed contract of care which dealt with the support, care and welfare of the resident. It included details of the services to be provided for that resident and the fees to be charged.

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):

No actions were required from the previous inspection.

Findings:

Residents social care needs were well met in this centre. Personal plans documented comprehensive information about residents' personal goals, allied health professional assessments and recommendations and health care assessments and information.

Person centred planning and 'circle of support' meetings formulated the goals for residents based on their interests, abilities and identified needs.

From a sample of resident's personal plans reviewed they were found to be individualised and person centred, for example; the resident's needs, choices and aspirations were clearly identified. There was also evidence of a multi-disciplinary team input documented such as psychiatry, physiotherapy and speech and language therapy recommendations. (SALT)

There were opportunities for residents to participate in activities geared towards their interests and capabilities. Some residents attended a day service provided by Ability West Organisation.

Goals set for residents and achieved included going to see Galway GAA teams play in Pearse and Croke Park Stadiums, going on holidays, concerts, and other day trips. There was evidence to indicate these had been achieved.

Residents were supported by staff working in the centre to participate in recreational activities in their local community; such as attending concerts or community seasonal events, going for a coffee or dinner.

All residents had a copy of their person centred plan in an accessible format, generally located in their bedroom.

Where goals were not achieved this was discussed as part of residents' personal planning meetings. Goals were then re-established in residents' personal centred plans going forward in most instances and where they could not be facilitated alternatives were put in place which met with agreement from residents.

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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre were suitable for the needs of residents as

set out in their personal plans and statement of purpose.

Inspectors found the centre to be a comfortable, clean, spacious pleasant place for residents to live in. There were two living rooms in the centre. Both had comfortable furnishings which met the needs of the residents. There was also a separate kitchen/dining area, a large utility room and a pleasant well maintained garden space at the back with a small shed which could store garden maintenance equipment, for example.

Ramps were in place at both exits and entrances to the centre to ensure ease of access in and out of the premises for residents using wheelchairs. There was also a ground floor bedroom with ensuite which suited the needs of residents with mobility issues that could not use a stairs, for example.

Records were available to indicate that equipment in the centre had been serviced as required. Thermostatic control valves had been fitted to sinks and showers within the centre. This prevented risk of scalding to residents from water that was too hot.

An adequate supply of waste disposal and recycling facilities were available in the centre. There were adequate laundry facilities also. The centre was supplied with a washing machine and dryer. Residents' clothes could also be dried outside as another option.

Residents' bedrooms had adequate space for furniture and personal belongings. The centre had a good source of natural and artificial light throughout. The decor and furnishings were modern and tasteful.

A loft/attic conversion provided two large rooms where some items such as Christmas tree or other decorations could be stored.

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):

No actions were required from the previous inspection.

Findings:

The health and safety of services users, visitors and staff was adequately provided for in the centre. However, control measures in place for one risk were not adequate given the level of risk identified.

Fire equipment had been serviced May 2015. There was an up to date record of fire drills. The most recent fire drill had been carried out September 2015. All residents had participated and evacuated the centre independently, with one resident requiring assistance. Issues of concern were documented after completing fire drills, for example, if a resident refused to move. Plans were put in place to address these issues as they arose. Each resident had an individualised personal evacuation plan that documented the type of assistance they would need during an evacuation of the centre.

The fire alarm system had been serviced with servicing records maintained. Keys in fire compliant units were located at each door which required a key to open it. Displayed fire evacuation procedures were detailed and specific to the centre. Staff spoken with indicated what they would do in the event of a fire, demonstrating knowledge of compartmentalisation and an understanding of using the fire doors within the premises to contain a fire.

Infection control measures were sufficient given the purpose and function of the centre. A cleaning rota was in place and the inspector observed a good standard of cleanliness throughout the premises. Paper hand towels were used in the centre. Alcohol hand gels were also located at all entrance doors. Colour coded mops and buckets were in use in and designated to clean specific areas to prevent cross infection.

Carbon monoxide monitors were used in the centre.

Organisational policies and procedures contained the matters as set out in the regulations relating to self harm, aggression and violence, accidental injury and unexpected absence of a resident. An emergency management policy with procedures was in place also to direct staff in the event of such an event, for example, power outage, flooding.

Potential risks and hazards in the centre were documented in a 'risk register'. This identified and documented potential risks. Each documented risk had an assessment of the level of risk and risk reduction strategies documented which were intended to mitigate or reduce the risk severity/potential.

The register was comprehensive and detailed. However, a risk identified at a moderate level did not have adequate risk management strategies in light of the specific risk identified. Due to the nature of the risk identified, inspectors were concerned that staff worked on their own in the centre at night time and there was no formalised on call system in place should a staff member require assistance.

The person in charge and area manager informed inspectors that the likelihood of an incident, such as the one identified in the risk register, was highly unlikely to happen. However, the risk register conveyed a different message. Not all risks identified in the centre had adequate control measures in place at the time of inspection and because of this a regulatory non compliance was given.

Judgment:

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Measures were in place to safeguard residents and protect them from abuse. Some improvements were required in relation to intimate care planning for residents and protocols for the management of chemical restraint.

There was a policy and procedures for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse. Staff working in the centre had received training in the prevention, detection and response to abuse. Refresher training was also available to staff to ensure their skills and knowledge was maintained and up to date. There were no allegations of abuse under investigation at the time of inspection.

There was a policy and procedures in place for the provision of intimate care and residents had individual intimate care plans which identified the supports they required with a focus on maintaining their independence and enhancing self help skills as much as possible.

However, in one instance an intimate care plan for a resident was not detailed enough in relation to continence management. The care plan required more information and set procedures to ensure staff providing personal intimate care were doing so in a manner that respected the resident's dignity and bodily integrity.

Staff had received training in management of behaviours that challenge and the implementation of 'low arousal', anxiety reduction techniques which managed and mitigated behaviour that is challenging. Residents requiring the support of mental health services were supported to attend appointments and received regular review from psychiatry and psychology as appropriate.

An action from the previous inspection had been addressed. Behaviour support plans in place were now up to date and had been reviewed.

Chemical restraint had been prescribed for a resident by their doctor. It was prescribed for the management of anxiety which could lead to instances of behaviours that challenge if all other strategies did not work. However, the PRN protocol required more detail to outline the criteria for when it should be administered to ensure it was administered in a consistent way.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

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

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):

No actions were required from the previous inspection.

Findings:

Residents' general welfare and development needs were supported in the centre. 'Circle of support' meetings and a person centred planning process were some of the methods used to establish residents' educational, employment and personal development goals.

Residents had opportunities to attend personal development activities suited to their interests and capabilities, for example day services, training centres or employment. Some activities available to residents in their day services included, yoga and gardening work for which residents received payment. Active aging activities were available for residents which met their age range and abilities.

Residents engaged in social activities within and out of the centre. During the course of the inspection residents engaged in community participation such as going for a meal in the local restaurant, going to see live music or a trip to the cinema. A resident spoken with, who had recently moved to the centre, told an inspector the residents they lived with had the same interests in music and socialising which meant they had, 'good craic going out'.

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):

No actions were required from the previous inspection.

Findings:

Resident's health needs were met to a good standard. Residents received timely healthcare assessments and interventions as prescribed by allied health professionals involved in their care.

Residents had access to GP services and there was evidence to show appropriate treatment and therapies were in place to address their health issues. Residents had received assessment and intervention recommendations to meet their needs from physiotherapy, occupational therapy and speech and language therapy (SALT), for example.

Residents had received dietetic review and assessment from which nutrition care plans were developed and implemented.

Inspectors observed meals were presented well, smelt and looked appetising. Staff interacted well with residents throughout allowing them time to enjoy their meal in an unhurried, dignified way, offering assistance if necessary.

There were comprehensive health care risk assessments maintained in residents' personal plans. For example, health care risk assessments relating to pressure ulcer risk,

continence and fall risk assessments, all of which were pertinent to the age and related healthcare needs of some residents living in the centre.

Where healthcare risks had been identified care plans were in place with interventions to mitigate risks. For example, where a resident was identified at high risk of developing a pressure ulcer, a comprehensive pressure ulcer prevention care plan was in place. Pressure relieving equipment, such as an electronic mattress and pressure relieving cushions were in use. Staff spoken with were knowledgeable of what setting the pressure mattress should be at to ensure pressure ulcer prevention interventions in place were being implemented correctly.

At the time of inspection, the resident's skin integrity was intact. The resident had no evidence of pressure ulcers developing; indicating the care plan in place was working well. In other instances where continence had been identified as a health care issue, continence management recommendations from the public health nurse had been implemented with the consent of the resident and with success.

Residents were supported to attend healthcare appointments and undergo health related interventions as necessary. Information in relation to monitoring for signs of complications after undergoing specific healthcare interventions was maintained in their personal plan. There was documented evidence to indicate they were being monitored as per the recommendations by their Doctor.

There was adequate space for food preparation and storage of fresh and frozen produce in the centre. Cupboards had plentiful condiments, grains, pulses and cereals to ensure food was wholesome and nutritious. Colour coded chopping boards were in use to ensure raw meat and fresh vegetables were not chopped using the same board, for example, as a measure to reduce food contamination.

Residents' weights and Body Mass Index (BMI) were regularly checked and their nutritional risk was evaluated using a recognised nutrition assessment tool.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found medication management met with good compliance. Written operational policies and procedures were in place for the safe storage, administration and disposal of medications.

Changes to the policy meant transcribing was no longer carried out by staff in the centre and medications were written up and signed by residents' GPs or prescribing Doctors.

Medications were securely stored in locked storage unit. No medications required refrigeration. Residents requiring crushed or modified consistency medications were prescribed such in liaison with resident's GP and pharmacist and this was documented on medication administration recording sheets.

Staff working in the centre had completed medication management training with evidence of refresher training in staff records.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that described the service provided in the centre.

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

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a

suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a well organised supportive management structure that governed the centre. There was evidence of numerous audits carried out to ensure a systematic review of the quality of care and service residents received. However, inspectors were not assured that there were adequate on-call systems in place in the absence of the person in charge.

The person in charge worked full-time, was appropriately qualified and skilled and demonstrated the necessary experience to manage the designated centre. 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 worked closely with her line manager, who called to the centre regularly and held supervision meetings with her approximately every six weeks.

On a number of occasions comprehensive audits of all aspects of compliance with the Regulations had been carried out. These had identified some areas for improvement.

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

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):

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent for a prolonged period since commencement of regulation and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.

The area manager was identified as a person participation in management. They assisted the person in charge in her role and also deputised in her 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):

No actions were required from the previous inspection.

Findings:

The centre was suitably resourced to meet the needs of residents'. Staffing resources and skill mix were based on the assessed needs of 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall inspectors found the staff team allocated to work in the centre were adequately trained and supervised to meet the needs of residents in the centre.

An action given on the previous inspection relating to staff training and more robust systems for supervision of volunteers had been addressed.

Inspectors were satisfied there was enough staff working in the centre during the two days of inspection which also matched the documented whole time equivalent (WTE) numbers set out in the Statement of Purpose. Staffing numbers were set to match the needs of residents and their needs for supervision and support with due regard to some physical health needs they had.

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 attending hobbies and activities.

A range of training and ongoing continuous professional development was available and was organised for staff to meet the specific needs of residents. Staff training records indicated they had received training in fire safety, medication management, vulnerable adult protection, management of behaviour that is challenging, communication techniques, first aid, epilepsy and nutrition risk management.

Staff had also received instruction and guidance in relation to continence and pressure ulcer prevention and management where needed.

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 (as amended) 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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The centre was insured against accidents or injury to residents, staff and visitors and the policy was up to date. All Schedule 5 policies as required by the Regulations were available in a hard and electronic copy.

There was a guide to the centre available to residents which met the requirements of the Regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for resident involvement in the running of the centre, how to access inspection reports, the procedure for respecting complaints and the arrangements for visits.

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:

Ann-Marie O'Neill
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-0001494
Date of Inspection:	13 and 14 October 2015
Date of response:	19 November 2015

Requirements

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

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

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

A risk identified at a moderate level did not have adequate risk management strategies in light of the specific risk identified.

1. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management

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

policy includes the measures and actions in place to control the risks identified.

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

During the inspection the risk assessment was re-evaluated by both the PIC and the PPIM, the risk was assessed as low. The control measures and management strategies which were in place for the identified risk are now adequate given the level of risk has been revised from medium to low.

Proposed Timescale: 13/10/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Chemical restraint had been prescribed PRN (as required) for a resident by their doctor. However, the PRN protocol required more detail to outline the criteria for when it should be administered to ensure it was administered in a consistent way.

2. Action Required:

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

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

An additional more detailed protocol has been completed for the use of the PRN, to state exactly when and why PRN should be given, to ensure that this is completed on a consistent basis.

Proposed Timescale: 06/11/2015

Theme: Safe Services

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

An intimate care plan for a resident was not detailed enough in relation to continence management. The care plan required more information and set procedures to ensure staff providing personal intimate care were doing so in a manner that respected the resident's dignity and bodily integrity.

3. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

A more detailed intimate care plan has been developed for this service user, to ensure that all details of the procedure are captured. The PIC sourced training information, which highlighted the procedures required for using this piece of equipment in detail on-line and all staff have watched this informative video for training purposes.

The updated care plan has more information regarding the product and the corresponding information video has set procedures to ensure that staff are trained in providing intimate care in a manner that respects the resident's bodily integrity

Proposed Timescale: 15/11/2015

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 out of hours support for staff working in the centre which presented a risk that staff needing support might not be able to access it in a timely manner.

4. 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:

There is no formal on-call system within Ability West. This has come up in previous inspections and all unit directors/PICs were asked to log the information as to how many calls were received out of hours, this information was then correlated. Due to the low number of calls reported, a formal on-call system is not required. Any situation which arose was manageable within the unit or by contacting the PIC/PPIM.

In line with this, the lone working risk assessment will be updated to include hazards such as staff/resident illness, critical incident, behaviour that challenges, incidents requiring short term contingency measures and manual handling, including specific control measures for each hazard detailing how to both minimise the risk and manage the hazard should it occur. A checklist for staff has been updated to confirm that they know what to do to minimise the risk of these hazards occurring and also the measures to take should they occur. In the absence of the PIC, all staff working alone in the centre are aware of the arrangements in place should they require emergency out of hours support to manage any of the hazards identified in the risk assessment.

Proposed Timescale: 14/12/2015

